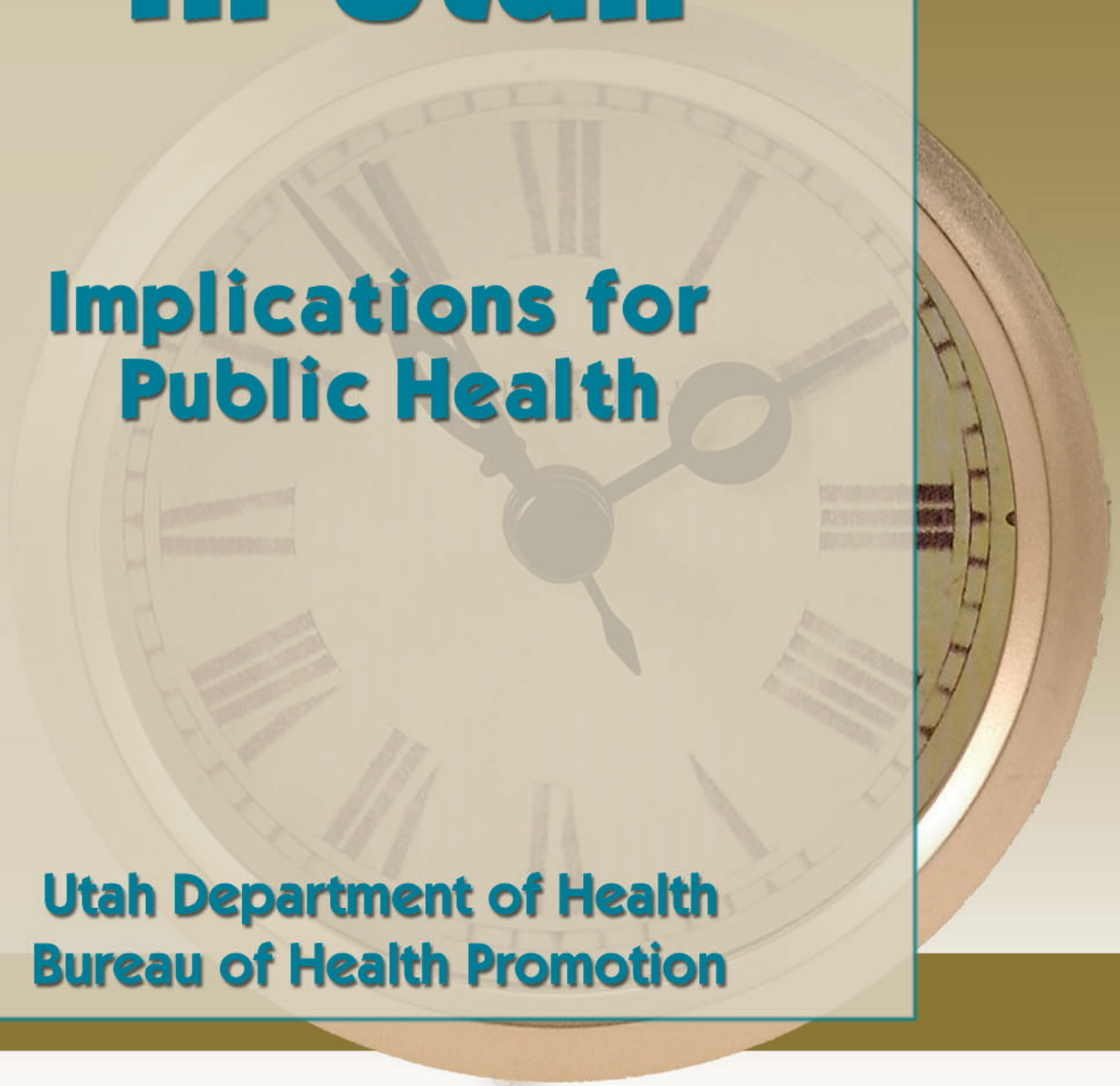
Aging and Health in Utah

Implications for Public Health



Utah Department of Health
Bureau of Health Promotion

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Executive Summary

This report was created because of the need to address the impacts of the changing population structure on Utah's health care system. In any population, demographics have a fundamental impact on aggregate health, but no measure plays such a defining role as age. Prevalence of chronic diseases and demand for health care resources increase with age. The report provides an overview of the population in Utah 55 years-of-age and older.

The declining death rates from infectious diseases and increasing life expectancies in the past century have been dramatic. However, as Americans live longer the prevalence of chronic disease, related disabilities, and poorer quality of life will inevitably increase unless steps are taken now.

The proportion of the population in Utah aged 55 or older is projected to increase by one and one-half times over the next 30 years. In 2003, there were 363,158 Utahns aged 55 or older. By 2030, there will be nearly one million people (a projected 839,369 people) aged 55 or older in Utah. Maintaining the health and health-related quality of life for the aging population is an urgent public health concern. Public and private entities must be prepared to ensure that resources and services are available to facilitate healthy lives for this population.

This report represents a significant step towards planning for the health needs of older adults in Utah. It identifies key physical and mental challenges that must be addressed if the issues identified are to be averted.

Some of the most striking findings are highlighted below.

Mortality

- Cancer was the leading cause of death for Utahns aged 55 to 74, while heart disease was the leading cause of death for Utah adults aged 75 and older.
- There were 2,045 cancer deaths in 2003 among Utah adults aged 55 or older.
- Falls accounted for over one-fourth (28%) of unintentional injury related deaths among Utahns 55 and older.
- Unintentional injury was the eighth leading cause of death for older Utahns, and a major cause of disability.

Morbidity

Among Utah adults aged 55 and older:

- 54.5 percent had high blood pressure
- 39.6 percent had high cholesterol
- 64.0 percent were overweight or obese
- 51.3 percent had arthritis
- 13.6 percent had diabetes

Hospitalization

- In 2003, Utah adults age 55 and older comprised 15 percent of the population, but they accounted for nearly one-third (29.7%) of all hospital discharges and nearly one-half (46.8%) of total hospital charges.

Lifestyle Factors

Among Utah adults aged 55 and older:

- 47.1 percent reported getting recommended physical activity
- 27.9 percent reported eating five servings of fruits and vegetables a day
- 20.8 percent reported fair or poor health
- 10.0 percent reported seven or more days of poor mental health in the past month
- 10.4 percent reported seven or more days of activity limitation in the past 30 days

Socioeconomic Factors and Access to Care

- Nearly 30 percent of Utah adults 55 years and older reported annual household incomes below $20,000.
- Nearly one-fourth of Utahns aged 55 and older reported out-of-pocket prescription expenses averaging $100 or more per month, with 6.0 percent spending $200 or more per month.
- 4.2 percent of adults 55 and older stated they did not have a place where they usually went when they were sick or needed health care advice.
- In 2000, 10.2 percent of Utah adults over 65 who had health insurance coverage reported problems obtaining medical, dental or mental health care when they needed it.

The report is divided into four sections. Data from the Behaviorial Risk Factor Surveillance System (BRFSS) survey, Utah death records, and Utah in-patient hospital discharges are used throughout.

Section One provides an overview of health and aging in Utah, including aging trends and the the leading causes of death.

Section Two, Healthy Lifestyles, discusses risk factors and prevention measures, such as physical activity, healthy eating, weight control, and tobacco cessation, all of which can have a profound impact on wellness, quality of life, and independence. Baseline data about health behaviors of older Utah adults are also included in this section.

Section Three includes reviews of the leading chronic conditions which affect older Utahns: arthritis, asthma, cancer, cardiovascular disease, depression, diabetes, and injury. Some of these conditions, like cardiovascular disease and cancer, are among the leading causes of death. Others, such as arthritis, may not be fatal, but are significant because they have such a profound effect on disability and health-related quality of life among older adults in Utah. Each chronic condition within the section includes information about mortality, morbidity, and suggestions for action.

Section Four, Health-related Quality of Life, provides an overview of the physical and mental health of older adults using data from the BRFSS survey to assess dysfunction and disability not otherwise reflected by standard measures of mortality and morbidity.

Introduction

In 2011, when the first baby boomers turn 65, a change will occur in America which will challenge our health care, social service, and public health systems. There are two reasons for this change. First, there has been a dramatic increase in the length of life. During the past 100 years life expectancy has increased dramatically due to medical advances and public health programs which have controlled infectious diseases. Secondly, the number of Americans 65 and older is expected to double to 70 million over the next 30 years as the baby boomer generation ages. The baby boomers - those Americans born between 1946 and 1964 – are the largest single population group in American history.[1]

The aging pattern in Utah reflects this national trend. In fact, between 2000 and 2030, Utah's population over age 55 will increase by 151 percent, with a sharp rise in 2011, when baby boomers begin to reach 65 years of age.[2]

While baby boomers represent a force of tremendous energy and resources, there are also unavoidable facts about this unique generation. Older adults account for the vast majority of those with chronic diseases and conditions, and as a consequence, require and consume enormous health care resources. As a point of reference, while Utah adults age 55 and older comprised only 15 percent of the 2003 Utah population, they accounted for nearly one-third (29.7%) or 72,644 of the total hospital discharges. Even more dramatic, they accounted for almost one-half (46.8%) or $1,213,485,290 of the total hospital billed charges.[3]

The increased prevalence of chronic conditions among older Utahns threatens to dramatically raise health care costs for this population. Health care costs for a 65 year old are typically four times those for a 40 year old.[4] Care for people with chronic conditions makes up 78 percent of U.S. health care spending, including 95 percent of Medicare spending and 77 percent of Medicaid spending. By 2030, the Centers for Disease Control and Prevention (CDC) estimates that due to an older population health care spending will have increase by 25 percent. This figure does not take into account increases for inflation or new technology.[4]

Today, nearly three out of four Americans die as a result of a chronic disease.[5] Despite improvements in prevention and treatment, heart disease and cancer have been leading causes of death for adults 55 and older for the past two decades. But, mortality is only one facet of health and aging. Chronic conditions, such as arthritis, asthma, cancer, depression, diabetes, and heart disease also erode the quality of everyday life for older adults, forcing many people to live with disability and pain for decades.

Aging and Health in Utah: Public Health Policy

"In 2030, when the last baby boomers turn 65, more Americans will be seniors than ever before. Will their medical needs overwhelm the health care system or will new prevention efforts result in healthier aging for future generations?"[6]

Over the past century, collaboration between private and public health care systems has had an incredible impact on expanding the life expectancy of Americans. Most infectious diseases are contained, millions of Americans have stopped smoking, and rates of heart disease and stroke continue to decline. However, because the focus has been on prolonging life, less energy and resources have been devoted to wellness and health-related quality of life. Nevertheless, there has been considerable interest in recent years on maintaining health-related quality of life and preventing chronic disease for people as they age.[7]

The growing number of older adults in Utah will trigger increased demands for health care services. To address the challenges posed by this aging population, public and private health care agencies in Utah will need to expand their efforts to prevent chronic diseases, to help people manage existing conditions, and to design health programs for older adults that:

- Provide health information and resources to public health professionals, consumers, health care providers, and aging experts.
- Support health care providers and organizations in prevention efforts focused on the health of older adults.
- Integrate public health prevention and aging services expertise.
- Identify and implement effective prevention efforts.
- Monitor changes in the health of older adults.
- Ensure that older adults are able to maintain their independence and health for as long as possible.
- Enhance the focus on prevention to help preserve the independence and reduce the long-term care needs among seniors.

Unless the system prepares adequately for the increase in the aging population, and the commensurate rise in health care demands, it could overwhelm our existing resources of family, private sector, and government services for the elderly. Health care services in Utah will face a wide range of increasing challenges as the aging population continues to grow, and these demands will only be met with greater research, planning, and cooperation between private and public health care professionals.

These are a few of the many issues that will challenge the state of Utah as the aging population continues to grow. These anticipated changes highlight the necessity of increasing awareness for both service providers and the public before the demands become overwhelming. With increased knowledge of Utah's aging situation health care agencies will be able to increase the efficacy and accessibility of services they provide.

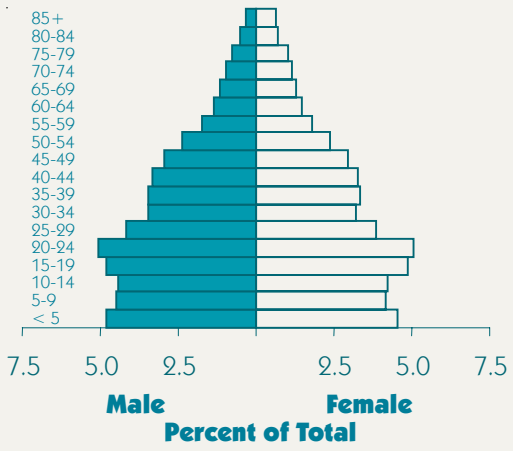
Aging Trends

The state of Utah has the highest proportion of residents under the age of 18, earning it the reputation of having the youngest population in the nation. The median age is the lowest among the states and eight years below the national average (27 years versus 35 years, respectively).

Nonetheless, the aging population in Utah is projected to parallel the Nation's.[8] This trend for Utah can be seen through the contrasts of three population pyramids for 2000, 2015, and 2030. (See Figures 1-3).[2] Each bar in the pyramids represents the percentage of the population in five-year age groups. The base represents the population less than five years-of-age, and the peak represents the percentage of the population aged 85 and older.

Figure 1

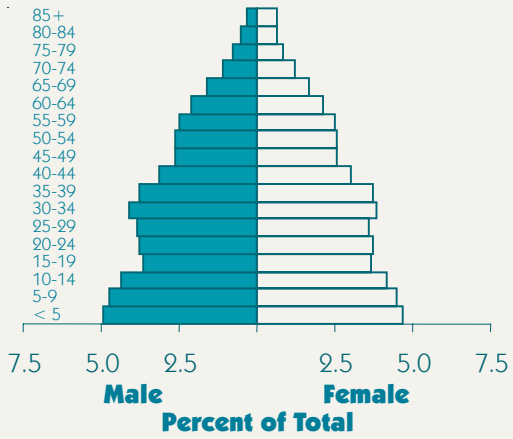
2000 Utah Population by Age Group and Sex



Source: Utah Governor's Office of Planning and Budget
Note: 2002 Baseline Projections, UPED model

Figure 2

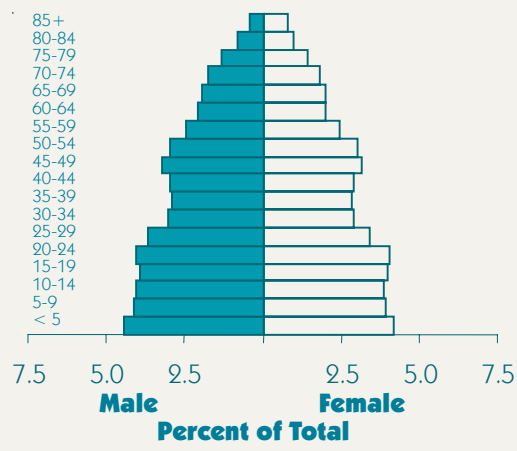
2015 Utah Population by Age Group and Sex



Source: Utah Governor's Office of Planning and Budget
Note: 2002 Baseline Projections, UPED model

Figure 3

2030 Utah Population by Age Group and Sex



Source: Utah Governor's Office of Planning and Budget
Note: 2002 Baseline Projections, UPED model

Utah's 55 and older population is projected to increase by 151 percent between 2000 and 2030. In absolute numbers this represents an increase from 363,158 in the year 2000 to an estimated 839,369 in 2030. (See Figure 4).[2] The increase represents a tremendous challenge for public and private health organizations providing resources and services for these Utahns.

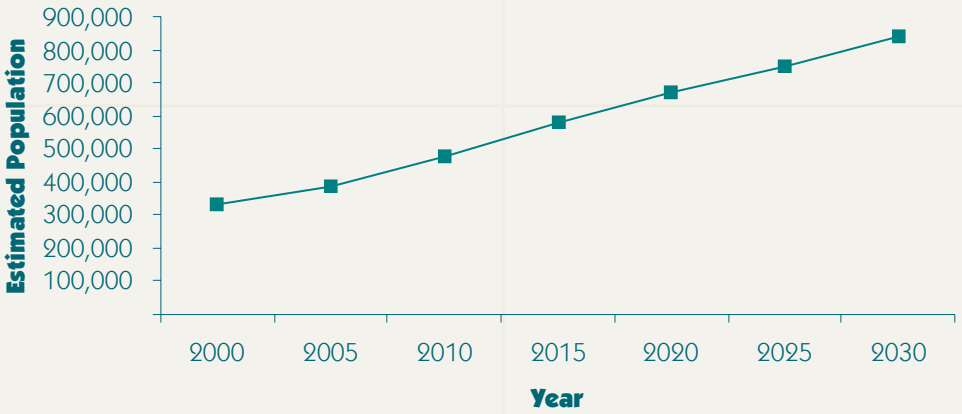
Among the 55 and older population in Utah, women will continue to outnumber men. Women, who comprised 54 percent of the population 55 and older in 2000, will represent 51 percent of the older population in 2030, while the proportion of men will increase from 46 percent in 2000, to 49 percent in 2030. Women represented 56 percent of people aged 65 and older in 2000, but will represent 53 percent in 2030.[2]

Life expectancy in the U.S. has risen from 47 years in 1900 to about 77 years in 2002, a change largely due to scientific and medical advances that have lowered death rates from infectious diseases.[9] With increasing life expectancy, there has been a corresponding increase in the prevalence of chronic diseases.

The increasing percentage of Utahns 55 and older will increase the demand for health care services and will require that the health care system is able to meet the demands that will be placed upon it.

Figure 4

Estimated Population Aged 50 and Older by Year, Utah 2000-2030



Source: Utah Governor's Office of Planning and Budget

Leading Causes of Death

Today, nearly three out of every four American adults die as a result of a chronic illness.[5] Despite improvements in preventing and treating chronic health problems, heart disease and cancer have been the leading causes of death for people aged 55 and older for the past two decades. Nationally, over one-third (35%) of all deaths are due to heart disease and one-fifth (22%) are due to cancer.[10]

Table 1 illustrates the leading causes of death for older Utah adults. The leading causes of death for adults aged 55 and older were heart disease, cancer, cerebrovascular disease, and chronic lower respiratory disease (which includes chronic obstructive pulmonary disease (COPD), emphysema, and asthma), and diabetes. However, there were variations in the rankings for the top causes of death by age group.[11]

Table 1

Leading Causes of Death for Adults Aged 55 and Over by Age Group, Utah 2001-2003

	55 and over	55-64	65-74	75-84	85 and over
1	Heart Disease	Cancer	Cancer	Heart Disease	Heart Disease
2	Cancer	Heart Disease	Heart Disease	Cancer	Cerebrovascular Disease
3	Cerebrovascular Disease	Diabetes	Chronic Lower Respiratory Disease	Cerebrovascular Disease	Cancer
4	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Diabetes	Chronic Lower Respiratory Disease	Influenza/ Pneumonia
5	Diabetes	Unintentional Injuries	Cerebrovascular Disease	Diabetes	Alzheimer's Disease
6	Influenza/ Pneumonia	Cerebrovascular Disease	Unintentional Injuries	Alzheimer's Disease	Chronic Lower Respiratory Disease
7	Alzheimer's Disease	Chronic Liver Disease/Cirrhosis	Influenza/ Pneumonia	Influenza/ Pneumonia	Diabetes
8	Unintentional Injuries	Suicide	Chronic Liver Disease/Cirrhosis	Unintentional injuries*	Unintentional Injuries
9	Nephritis	Influenza/ Pneumonia	Nephritis	Parkinson's Disease*	Nephritis
10	Parkinson's Disease	Septicemia	Alzheimer's Disease	Nephritis	Parkinson's Disease

Source: Utah Office of Vital Records and Statistics
*Tied for 8th place

- Heart disease was the leading cause of death for Utah adults aged 75 and older, and was the second leading cause of death among adults 55 to 74 year of age.[11]
- For Utah adults aged 55 to 74, cancer was the leading cause of death. For those aged 75 to 84 it was the second leading cause; and, after age 85 it becomes the third leading cause of death.[11]
- Cerebrovascular disease (stroke) was the third leading cause of death for older adults overall, but was the second leading cause of death for those aged 85 and older.[11]
- Diabetes was the fifth leading cause of death for older adults, but the third leading cause among Utahns aged 55 to 64.[11]

There was some variation in the death rates for men compared to women 55 and older. More men die from suicide, respiratory disease, and cancer, while women have a higher percentage of deaths from stroke (data not shown).[11]

Hospitalizations

Older adults have higher rates of hospital discharges for chronic diseases. The severity of their conditions and presence of other co-existing conditions increase the risk of adverse events, repeat hospitalizations, and increased hospital costs. By 2030, the number of Utahns age 55 and older will increase about one and one-half times to 839,369, comprising about 22 percent of the Utah population. These projections are important because older adults are markedly represented in hospital discharges. While Utah adults aged 55 and older comprised 15 percent of the 2003 Utah population, they accounted for nearly one-third (29.7%) or 72,644 hospital discharges and nearly one-half (46.8%) or $1,213,485,290 of the total hospital charges.[3]

The ten leading diagnoses for hospital discharges of adults age 55 and older in 2003 are shown in Table 2. The number of discharges for cardiovascular disease was more than twice that observed for arthritis. Influenza/pneumonia were the third most commonly listed reason for hospitalization, followed by cancer, falls, and stroke. Complications of surgical or medical care were the seventh most commonly listed diagnosis, followed by chronic lower respiratory disease (including asthma). Gall bladder disorders was the ninth most commonly listed primary diagnosis, and septicemia was tenth.[3]

Table 2

Hospital Discharges, Average Charges, and Average Lengths of Stay for the Top Ten Primary Diagnoses for Adults Aged 55 and Older, Utah 2003

Condition	Number of Discharges	Average Charge per Discharge	Rank in Average Charges	Average Length of Stay in Days	Rank in Average Length of Stay
Cardiovascular disease (excluding stroke)	13,764	$24,150	2	4.4	7
Arthritis	6,149	$21,641	3	4.2	9
Influenza/pneumonia	4,621	$12,719	9	5.1	3
All cancers	3,975	$19,477	4	5.8	2
Falls	3,115	$15,225	7	4.8	6
Stroke	2,849	$14,473	8	4.9	4
Surgical/medical complications	1,707	$17,561	5	4.9	4
Chronic Lower Respiratory Disease	1,387	$10,562	10	4.1	10
Gall bladder disorders	1,081	$15,722	6	4.4	7
Septicemia	894	$24,922	1	7.9	1

Source: Utah Inpatient Hospital Discharge Database
Note: See Appendix A for ICD codes used

The average charge per discharge in 2003 was $17,421 for Utah resident's aged 55 and older. Both hospital charges and length of stay varied significantly by primary diagnosis. The numbers, average charges, and average lengths of stay for discharges for the top ten primary diagnoses are also shown in Table 2.

Septicemia, while ranking lowest among the top ten primary diagnoses, had the highest average charge and the highest average length of stay ($24,922 and 7.9 days respectively).

Charges for cardiovascular disease, (excluding stroke) had the second highest average charge ($24,150) but tied for seventh shortest length of stay (4.4 days). Arthritis ranked third in average charge ($21,641), but ninth in average length of stay (4.2 days). Discharges for all cancers had the fourth highest average charge ($19,477) and the second longest length of stay (5.8 days).

The fifth highest average charge was for discharges for medical/surgical complications ($17,561). Discharges for gall bladder disorders were sixth in average charge ($15,722) and tied for seventh for length of stay (4.4 days).

Discharges for falls ranked seventh in average charge ($15,225) and sixth in average length of stay (4.8 days). Discharges for stroke had the eighth highest average charge ($14,473), and tied for fourth place in average length of stay (4.9 days).

Discharges for Influenza and pneumonia ranked ninth for average charge ($12,719) but third for average length of stay (5.1 days). Finally, chronic lower respiratory disease, including asthma, had the lowest average charge ($10,562) and the lowest average length of stay (4.1days).[3]

Access to Care

Adequate access to medical and mental health care services, including preventive services, not only reduces premature death, but may also influence the health-related quality of life for older adults. Access to health care is affected by many factors, such as financial, structural, and personal barriers.

Financial barriers include lack of health insurance, inadequate health insurance coverage, lack of financial resources to cover services, or medication not included in a health insurance plan. In Utah, basic health insurance for older people is rarely an issue. Medicare almost universally covers all persons 65 and older. According to the 2001 Utah Health Status Survey, less than one percent of those 65 and over do not have health insurance.[13] However, financial obstacles are still a significant barrier to health care for older Utah adults. For some, meeting the co-pay requirements may be prohibitive. In Utah for 2002-2003, an estimated 11 percent of adults 65 and older lived below the poverty level.[14]

Poverty is particularly a problem for women. By age 65, women have half the income of men and are twice as likely to live in poverty.[15]

Nearly 30 percent of Utah adults 55 years-of-age and older report annual household incomes below $20,000. At this level, older Utahns sometimes find it hard to pay for health care services on their own, yet are unable to get services such as home health care or Medicaid-funded drugs.

Nearly one-fourth of Utahns ages 55 and older report out-of-pocket drug expenses averaging $100 or more per month, with 6 percent spending $200 or more per month.[16]

Structural barriers to care include a lack of health care facilities, primary care providers, medical specialists or other health care professionals to meet special health care needs, and long waiting periods for appointments. Having a regular health care provider or a "health care home" is important when accessing health care, particularly for those with special health care needs.[12]

Most Utah residents 65 or older report having a regular source of care. However, in the 2001 Utah Health Status Survey, 5.2 percent of older adults indicated they did not have a place where they usually went when they were sick or needed health care advice.[13]

Difficulties getting to a health-care provider or long waiting times for an appointment may be major obstacles for older adults. During the year 2000, 10 percent of Utah adults over 65 who had health insurance coverage reported problems obtaining medical, dental, or mental health care when they needed it. Women over age 65 were more likely than men to experience access problems.[13]

Personal barriers include race/ethnicity, education, income, language barriers, and lack of information about what to do or when to seek care. [12]

Access to health care can be an overwhelming obstacle for older adults living in rural counties, where it may be difficult to attract doctors and keep hospitals and clinics functioning. In addition, people may be miles from a health care professional, and public transportation may not be available.[17] More detailed information will be needed to project demands for health care in rural areas where older Utahns may already be underserved.

As the demographics of the population change, personal barriers must be addressed. Utah has experienced a rapid growth in members of minority ethnic and racial groups, particularly Hispanic/Latino and Pacific Islanders.

An increasing number of Utahns do not speak English as their primary language, while the overwhelming majority of Utah physicians are non-Hispanic White. Health care systems must ensure that health services are able to accomodate the needs of the growing multi-cultural, multi ethnic, multi-lingual population by continuing to make health-related materials available in other languages and recruiting providers who have the language and culturally competent skills to treat all patients. In addition, public health must continue to identify chronic conditions that are more particular problems for these populations.

Living with Chronic Conditions

Mortality and hospitalization are important dimensions of chronic disease, but they do not cover the full spectrum of health. Chronic conditions, such as arthritis, asthma, depression, and diabetes, steadily erode the health-related quality of life for older adults. Many people live with these conditions, which can rarely be cured, across the span of decades.

The prevalence of chronic conditions for Utah adults aged 55 and older is shown in Table 3. Across all older age groups, the most common conditions are high blood pressure (43.4%) followed by arthritis (42.9%). The prevalence of these conditions increases with age, sometimes dramatically. Arthritis prevalence nearly doubles from the 55 to 64 age group to the 85 and over age group. The prevalence of heart disease triples from the lowest to the upper age range. By age 85 half of all Utah adults have high blood pressure and more than half suffer from arthritis. One in three adults 85 and older live with heart disease, and one in ten have asthma or diabetes.[13]

The high prevalence of chronic diseases becomes significant beginning at age 55. Thirty-six percent of adults aged 55 to 64 report high blood pressure and 35 percent report high cholesterol, both risk factors for heart disease. Nearly 35 percent of adults in this age range report arthritis – and this figure reflects doctor-diagnosed arthritis only. The actual prevalence may be substantially higher.

Older adults face the challenge of living with chronic conditions for years, and their well being and health-related quality of life will be determined by their ability to live with and manage their health conditions on a daily basis.[13]

Table 3

Percentage of Adults Aged 55 and Older With Self-Reported Selected Chronic Conditions by Age Group, Utah 2001

	55-64	65-74	75-84	85+	Total Ages 55+
High blood pressure	36.0	47.5	51.5	50.6	43.4
Arthritis	34.6	46.9	50.6	64.0	42.9
High cholesterol	35.4	43.3	36.8	20.4	37.7
Heart disease	9.6	16.4	27.8	28.4	16.2
Diabetes	11.5	14.1	16.1	10.1	13.2
Asthma	6.4	5.2	7.7	11.1	6.5

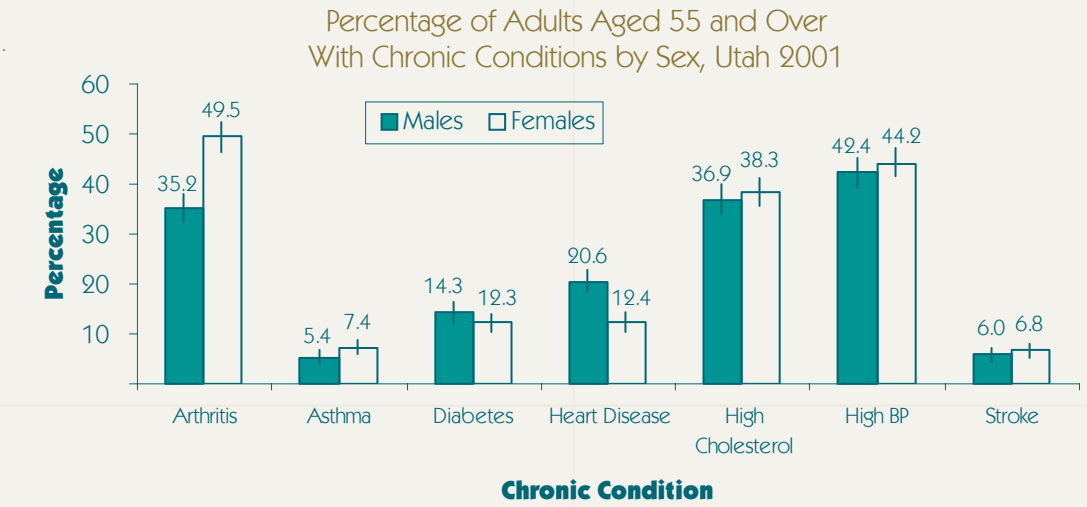
Source: Utah Health Status Survey

Chronic Condtions by Sex

The prevalence of chronic diseases by sex for Utahns 55 and older is illustrated in Figure 5. For many conditions, including stroke, diabetes, high blood pressure, and high cholesterol there is no significant gender variation in prevalence.

However, men are more likely to develop heart disease (20.6% vs. 12.4%) and women are more likely to experience arthritis. Almost half of all women in Utah over the age of 55 report having arthritis.[13]

Figure 5



Source: Utah Health Status Survey

Multiple Chronic Conditions by Age

As people age, the risk of developing more than one chronic condition increases. Nationally, the prevalence of multiple chronic conditions rises with age. Seventy percent of those over 80 years of age have two or more chronic conditions.[4] Chronic diseases, which affect older adults disproportionately, dramatically increase health and long-term care costs, and place enormous demands on caregivers. Hypertension co-exists most often with other conditions, including arthritis, high cholesterol, heart disease, and diabetes. Among Utah adults 55 and older 23.0 percent have both hypertension and arthritis. Heart disease also occurs frequently with other diseases or conditions, including hypertension (10.6%), high cholesterol (9.1%), and diabetes (3.6%).[13]

The percentage of Utahns 55 and older with multiple chronic conditions is shown in Table 4.

- Among Utah adults aged 55 to 64, 40 percent reported two or more chronic conditions.
- Fifty-five percent of Utah adults aged 65 to 74 reported two or more chronic conditions.
- By ages 75 to 84, 60.5 percent of Utah adults reported two or more chronic conditions and 15.6 percent report having no conditions.
- At age 85 and beyond, 61.8 percent reported two or more chronic conditions and 32.5 percent reported three or more chronic conditions.

Co-existing health conditions are an important aspect of health-related quality of life. But across the health spectrum, from medical specialists to pharmaceutical research to public health policy, diseases are often treated as separate occurrences. The complexity, expense, and sometimes overwhelming physical challenges of managing multiple health problems is not taken into consideration. Most older Americans and Utahns, must manage two or more health conditions at once. As more effective interventions that encompass multiple health problems are implemented, both health and quality of life for many Utahns may improve.

Table 4

Percentage of Adults Aged 55 and Older by Number of Chronic Conditions and Age Group, Utah 2001

Number of Conditions	55-64	65-74	75-84	85+	Total Ages 55+
0	31.5	17.5	15.6	14.6	23.5
1	28.1	27.8	24.1	23.6	27.1
2	22.0	25.7	22.2	29.3	23.5
3	12.3	17.5	19.6	20.3	15.6
4	4.1	6.5	12.4	8.1	6.5
5+	2.1	4.9	6.3	4.1	3.8

Source: Utah Health Status Survey

What Can Be Done?

Preventing chronic health conditions is one way to slow rising health care costs. At the same time, strategies such as regular physical activity and management of health conditions may contain and sometimes reverse these conditions, improve the everyday lives of older adults, and help them remain independent. This reduces the caregiving burden on individuals and communities, and may delay costly long-term care.[6]

Healthy aging is within reach for most older Utah adults. There are proven methods which are effective in improving the health of older adults. Research shows that people who are physically active, eat healthy foods, don't smoke, and maintain a healthy weight may reduce the risk of chronic disease by half. Findings also show that older people do not have to make radical lifestyle changes to improve their health and well being. Simple changes, such as moderate weight reduction or walking on a regular basis, may improve health-related quality of life.[4]

To reduce the risk for some chronic diseases, such as arthritis, diabetes, and asthma, helping older adults develop self-management skills may effect the progression of these diseases; the pain and disability associated with them, and costs to the health care system. These efforts affect not only individuals, but also the families and communities that care for older adults.

Physical Activity

Physical activity is an important step older adults can take to improve their physical and mental health and maintain health-related quality of life. It reduces the risk of developing heart disease, diabetes, and high blood pressure and is also important for people who have joint or bone problems such as arthritis or osteoporosis.[18,19] Regular physical activity also improves affective disorders such as depression and anxiety.[20]

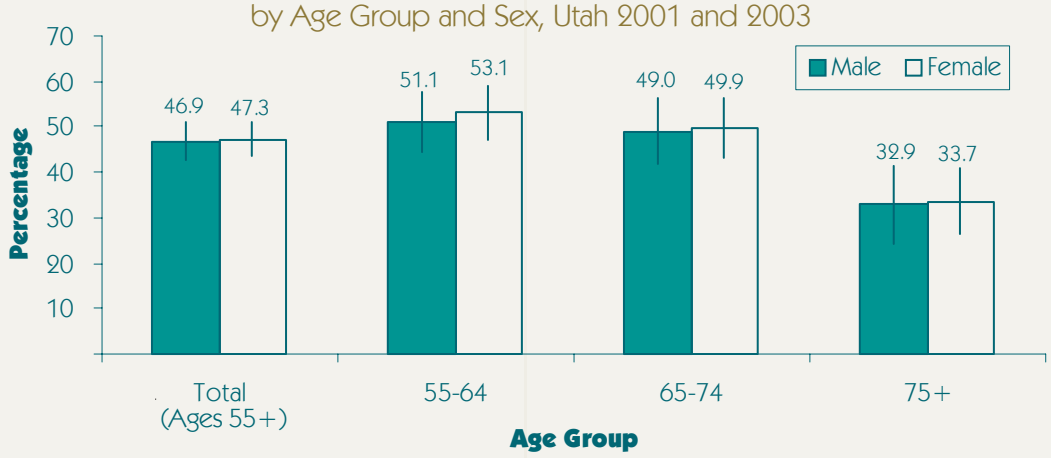
For this report, regular physical activity was defined as participation in 30 minutes of moderate physical activity at least 5 times a week or 20 minutes of vigorous activity at least 3 times a week.

Figure 6 shows the percentage of Utah adults 55 and older reporting regular physical activity.

- About 47.1 percent of all Utah adults age 55 and older reported engaging in regular physical activity during 2001 and 2003.[21]
- Rates of regular physical activity decline with age and were significantly different between the age groups 65 to 74 and 75 and older. However, participation in regular physical activity did not differ significantly by gender.[21]

Figure 6

Percentage of Adults Aged 55 and Older Who Reported Recommended Physical Activity by Age Group and Sex, Utah 2001 and 2003



Note: Recommended physical activity is defined as participation in 30 minutes of moderate physical activity at least 5 times a week or 20 minutes of vigorous activity at least 3 times a week.

Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

In addition to monitoring regular physical activity, the BRFSS (Behavioral Risk Factor Surviellance System) collects information about the percentage of adults who do not participate in any physical activity,– and are therefore at greater health risk. Data from 2001 and 2003 BRFSS show that nearly one out of every four Utah adults aged 55 and older reported they were not physically active.[21] (See Figure 7).

As might be expected, inactivity increases with age. Among the 65 to 74 age group 24.8 percent reported no activity, with women at greatest risk. Even among Utah adults 55 to 64, the rates of inactivity are alarming: one in five report not participating in any leisure time physical activity (20.5%). (See Figure 7.)

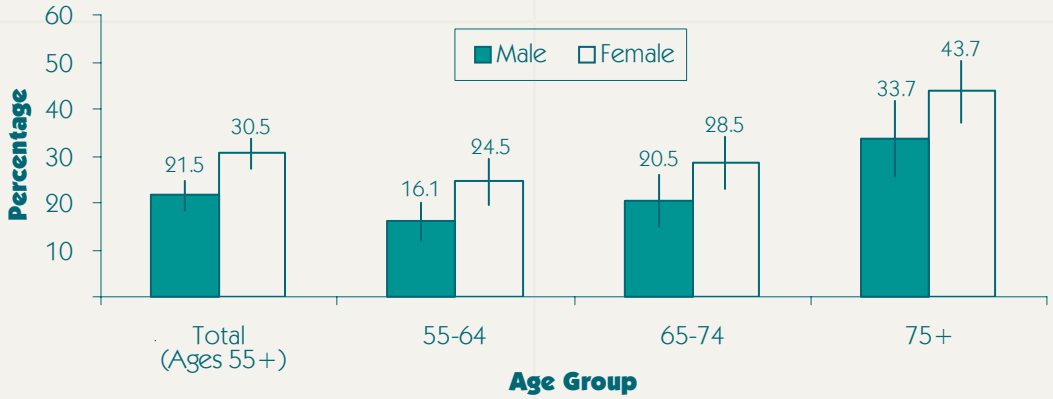
Overall, the percentage of people who reported no physical activity was higher among women, people who were overweight or obese, and those with less formal education and less income.[21]

Physical activity provides benefits even at moderate levels of intensity. Moderate-intensity physical activity generally includes walking briskly, mowing the lawn, dancing, swimming, or bicycling on level terrain. Moderate amounts of exercise not only reduce an individual's chances of dying from heart disease or other causes – it may also make the difference between years of living with limitations and years of enjoying a full and active life.

For more information on physical activity, contact the Utah Heart Disease and Stroke Prevention Program: (801) 538-6141, www.checkyourhealth.org.

Figure 7

Percentage of Adults Aged 55 and Older Who Reported No Physical Activity by Age Group and Sex, Utah 2002 and 2003



Note: Physical inactivity is defined as no participation in physical activities or exercises ie. running, calisthenics, golf, gardening, or walking in last 30 days.

Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

Consumption of Fruits and Vegetables

A diet of five or more servings of vegetables and fruits per day is associated with a reduced risk of coronary heart disease, diabetes, hypertension, and some cancers. In addition, vegetables and fruits are high in vitamins, minerals, and fiber; are low in calories and fat; and are easy to prepare.

Data from the 2002 and 2003 BRFSS survey show:

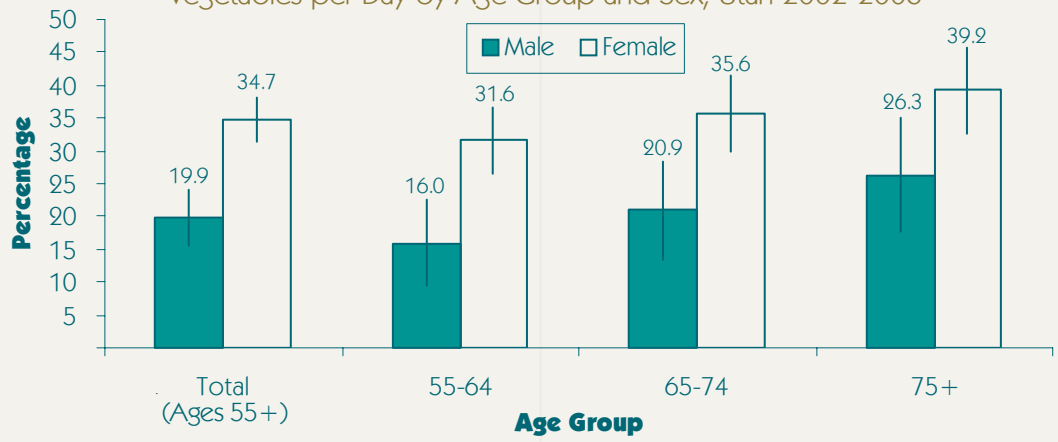
- The percentage of Utahns who eat five or more servings of vegetables and fruits per day increases with age. (See Figure 8).
- Among Utahns 55 and older, women were more likely to meet five-a-day guidelines than men (34.7% and 19.9% respectively). (See Figure 8).
- Adults 75 and older were more likely to report eating five or more servings of vegetables or fruits per day than any other age group (33.5%).[22] (See Figure 8).

Only 27.9 percent of Utah adults aged 55 and older reported eating five or more servings of vegetables and fruit a day. This means that 72.1 percent of Utah's older population are not benefiting from eating five servings of vegetables and fruits per day.[22]

For information on fruit and vegetable consumption, contact the Utah Heart Disease and Stroke Prevention Program: (801) 538-6141, www.checkyourhealth.org.

Figure 8

Percentage of Adults Aged 55 and Older Who Reported Eating Five or More Fruits and Vegetables per Day by Age Group and Sex, Utah 2002-2003



Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

High Blood Pressure

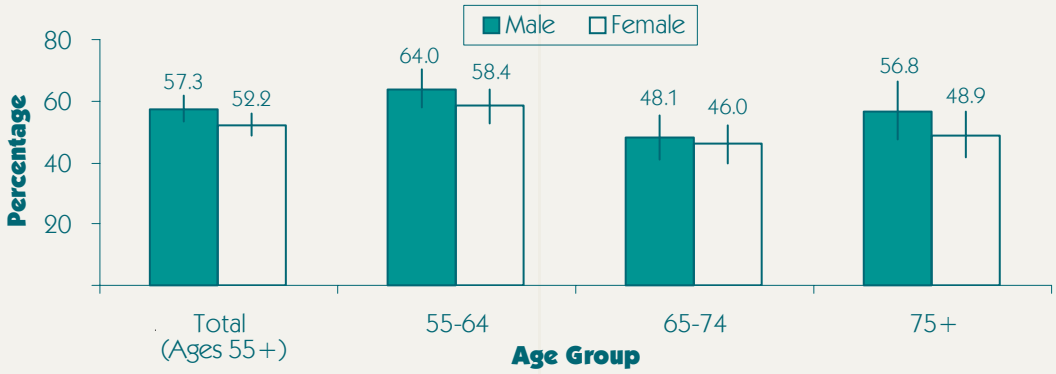
High blood pressure is a condition found in people of all ages, but is most common among men and women aged 55 and older. With high blood pressure, the heart has to work harder, resulting in an increased risk of heart attack, stroke, and heart failure. Approximately one in every four U.S. adults has high blood pressure, but nearly one-third of these people are unaware they have it, placing them at risk for complications from heart disease and stroke.[23]

The only way to detect high blood pressure is to have blood pressure measured regularly. According to the American Heart Association, blood pressure should be checked at least once every two years after a normal reading, unless a doctor recommends more frequent monitoring.

- In 2001 and 2003, over half of Utah adults 55 and older (54.5%) had been told by a health professional they had high blood pressure.[21]
- For Utah men, high blood pressure prevalence was highest in the 55 to 64 age group: 64.0 percent of men in this age group reported having been told by a health professional that their blood pressure was high.[21] (See Figure 9).
- Nearly half of Utah women 75 and over (48.9%), and 56.8 percent of men 75 and older reported having been told their blood pressure was high.[21] (See Figure 9).

Figure 9

Percentage of Adults Aged 55 and Older Who Had Been Told They Have High Blood Pressure by Age Group and Sex, Utah 2001 and 2003



Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

Risk Factors

The cause of high blood pressure is unknown in 90 to 95 percent of cases. High blood pressure becomes more common with increasing age; men and women 65 or older are at greatest risk. Lifestyle factors such as lack of physical activity, excess body weight, excessive alcohol intake, and a high-salt diet may also increase an individual's risk for developing high blood pressure. Approximately 51 percent of Utah adults with high blood pressure are overweight or obese.[21] Diabetes also puts an individual at greater risk: slightly over half of Utah adults with diabetes have high blood pressure.[22]

Because the consequences associated with high blood pressure are serious and can be life threatening, early detection, treatment, and control are especially important with this condition. Weight loss, medication, exercise, smoking cessation, stress management, using less salt and drinking less alcohol can control high blood pressure, and helps prevent heart disease and stroke.

For information on high blood pressure and/or high cholesterol contact the Utah heart Disease and Stroke Prevention Program: (801) 538-6141, www.hearthighway.org.

High Cholesterol

High levels of cholesterol and triglycerides increase an individual's risk for heart disease. The National Heart, Lung, and Blood Institute define "high" cholesterol as a total cholesterol equal to or greater than 240 mg/dL, and "borderline high" as equal to or greater than 200-239 mg/dL. The Institute recommends that adults be screened for high blood cholesterol at least once every five years.[21] People with some chronic diseases such as diabetes should be screened annually, and the recommended level for LDL, a specific type of cholesterol, is less than 100 mg/dL.

Older Utahns are more likely to have their cholesterol levels checked than younger Utahns.

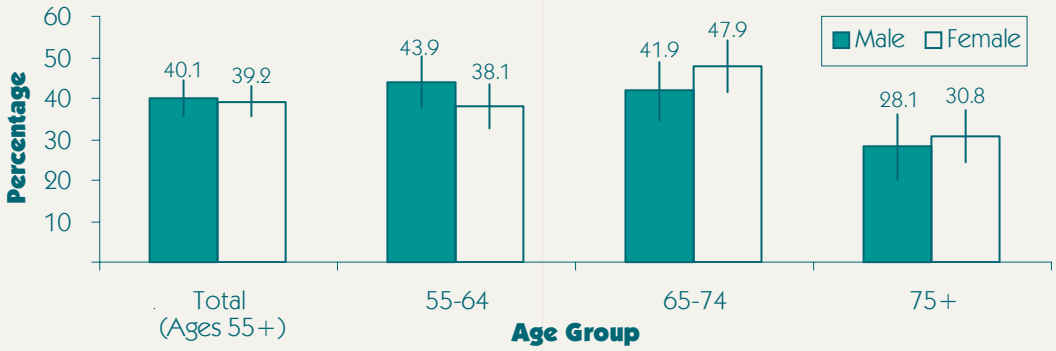
In 2003, 90 percent of adults aged 55 and older reported having had their cholesterol levels checked in the last five years.

The percentages of Utah adults' 55 and older, by age group and sex who have ever been told they have high cholesterol by a health professional are shown in Figure 10.[21]

- In 2001 and 2003, 39.6 percent of Utah adults reported they had high cholesterol. (See Figure 10).
- Rates of high cholesterol were about the same in Utah men and women over age 55: 40 percent of men had been told that their cholesterol levels were too high, compared to 39 percent of women. (See Figure 10).

Figure 10

Percentage of Adults Aged 55 and Older Who Had Been Told They Have High Cholesterol by Age Group and Sex, Utah 2001 and 2003



Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

Risk Factors

Obesity and diets high in saturated fat or cholesterol contribute to high levels of blood cholesterol. In 2001 and 2003, 43.6 percent of the Utah adults who had been told they had high cholesterol were overweight or obese.[21] Approximately 54 percent of Utah adults with diabetes also have high cholesterol.[21] Genetics may also be a factor.

Overweight/Obesity

Obesity is a leading cause of preventable death in the U.S. – second only to cigarette smoking. Given current trends, obesity is expected to overtake tobacco use as the top cause of preventable death in the U.S.[24]

Adults who are overweight or obese (those who have a Body Mass Index of 25 or greater) are at increased risk of premature death from heart disease, stroke, and type 2 diabetes, along with certain cancers.[25,26,27] Research has shown that weight loss reduces the risk for heart disease and stroke, and may improve the health-related quality of life for people with osteoarthritis.[28]

The number and percentage of overweight or obese individuals in Utah and in the U.S. has increased dramatically in the past decade.[22,29] In Utah, the percentage of obese adults nearly doubled from 1994 to 2003, from 12.4 percent to 24.3 percent.[22]

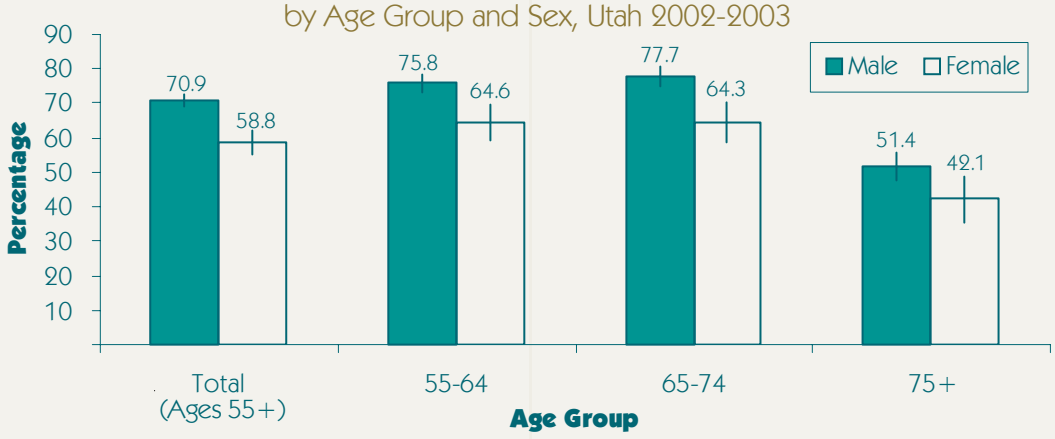
The percentages of overweight or obese adults by age group and sex for Utah in 2002 and 2003 are shown in Figure 11.[22]

- In 2002 and 2003, an astonishing 64.5 percent of Utah adult's aged 55 and older were overweight or obese. (See Figure 11).
- In Utah, significantly more men aged 55 and older were overweight or obese than women in this age group (70.9% and 58.8% respectively). (See Figure 11).
- The rate of overweight or obesity increases with age. Men 65 to 74 had the highest prevalence among older Utah adults – an alarming 77.7 percent of men in this age group were overweight or obese. (See Figure 11).

Utah's prevalence for overweight and obese among adults aged 55 and older was similar to the national average of 64.0 percent.

Figure 11

Percentage of Overweight or Obese Adults Aged 55 and Older by Age Group and Sex, Utah 2002-2003



Note: Overweight or obese is defined as a body mass index of 25 or greater.
Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

Risk Factors

Although genetic or familial factors may play a part in obesity, anyone whose caloric intake exceeds the number of calories used is at risk. Physical activity and a healthy diet are important for maintaining a healthy weight.[30] The growing reliance on convenience foods and "super-sizing", along with an increasingly sedentary lifestyle has played a role in soaring obesity rates.[31]

The obesity epidemic among Utahns threatens to reverse the decades-long progress made in reducing death from chronic diseases, and may cost thousands of adults their well being, their independence, and their lives.

For obesity information, contact the Utah Heart Disease and Stroke Prevention Program: (801) 538-6141, www.checkyourhealth.org

Tobacco Use

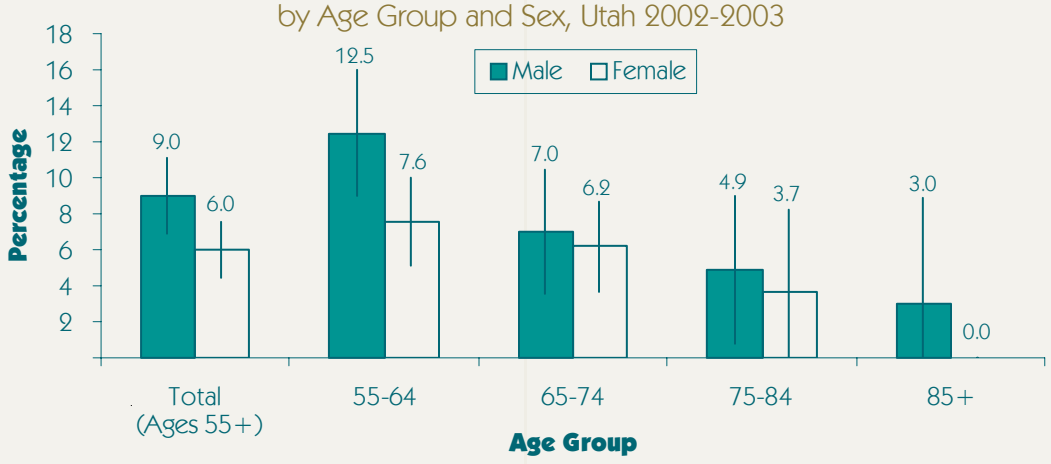
Tobacco use remains the single most preventable cause of death and disease in the U.S. and results in more than 5.6 million years of potential life lost each year.[32] Tobacco use has also been shown to increase the risk for chronic lung disease, coronary heart disease, stroke, and cancer of the lungs, larynx, esophagus, mouth, bladder, cervix, pancreas, and kidneys.[33] Exposure to secondhand smoke increases the risk for heart disease and lung cancer among nonsmokers.[34] More than 8.6 million people in the U.S. have at least one serious illness caused by smoking.[35]

In Utah, tobacco use claims more than 1,200 lives each year and costs taxpayers $93 million in smoking-related Medicaid expenditures. Overall, $587 million is spent annually in Utah for medical care and lost productivity due to smoking.[32]

- It is estimated that over 80 percent of adult smokers started smoking before the age of 18.[36]
- Although the proportion of Utahns who smoke has decreased in recent years, approximately 190,000 Utah adults over age 18 still use tobacco.[22]
- In 2002-2003, 5.4 percent of Utah's current smokers were 65 or older.[22] This low figure may be a result of premature deaths due to tobacco use.

Figure 12

Percentage of Adults Aged 55 and Older Who Reported Current Smoking by Age Group and Sex, Utah 2002-2003



Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

Tobacco addiction has been described as a young person's disease. However, although most people begin to smoke before they graduate from high school, the most serious and life-threatening effects are experienced later in life.

Risk Factors

- Medicaid clients and other lower income groups are more likely to smoke; 19.9% of Utah adults earning less than $20,000 annually and 33.8% of Utahns with less than a high school education smoke, compared to approximately 12.9% of Utahns overall.
- Tobacco use among Utahns is also higher among African Americans, Native Americans, Hispanics, and those living in frontier areas of the state.
- Cigarette advertising increases people's risk of smoking by affecting their perceptions of smoking. The tobacco industry targets Utah's lower-income adults and other vulnerable populations, who can least afford tobacco addiction or related medical costs.
- Programs and resources such as the Utah Tobacco Quit Line (1-888-567-TRUTH) and Utah Quit Net (utahquitnet.com) may help smokers quit or decrease use. Quitting decreases the risk of myocardial infarction, death from coronary heart disease and lung cancer, and may also accelerate recovery from illnesses exacerbated by smoking.

The Tobacco Prevention and Control Program (TPCP) leads the fight against tobacco-related death, disease, and economic burdens in Utah by mobilizing the state to support tobacco-free lifestyles and environments. The TPCP and its partners provide programs and policies that are comprehensive, evidence-based, culturally appropriate, and cost effective in order to:

1) Prevent youth from starting to use tobacco
2) Help tobacco users quit
3) Protect Utahns from secondhand smoke
4) Eliminate tobacco-related disparities

Immunizations

Each year in the U.S., about 50,000 adults die from vaccine-preventable diseases or their complications. Together, pneumonia and influenza are the fifth leading cause of death among older adults nationwide.[37] In Utah, there were over 4,600 hospitalizations[3] and 407 deaths[11] in adults 55 and older that were attributable to pneumonia and influenza in 2003. Vaccines are among the safest medical products available, are very effective, and can prevent the suffering and costs associated with these preventable diseases.[37]

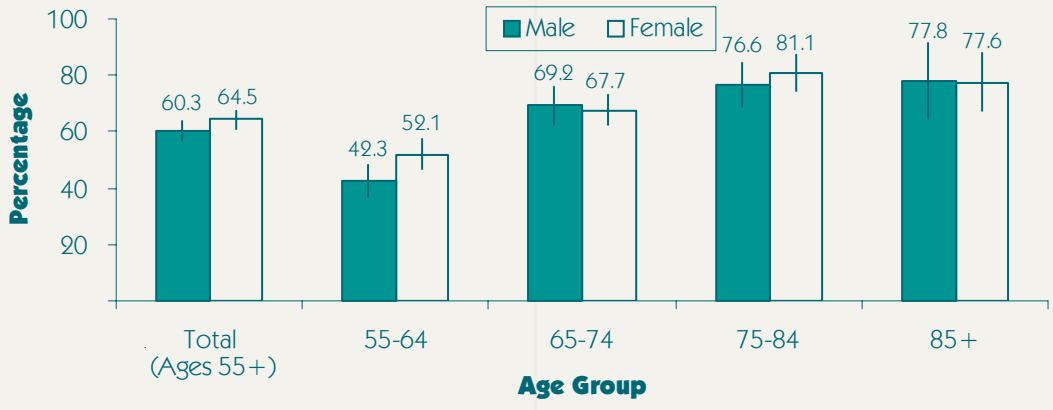
Influenza can worsen chronic heart disease, lung disease, and diabetes, and can lead to bacterial or viral pneumonia. An annual influenza vaccination may prevent the majority of influenza complications among elderly adults, and a single dose of the pneumococcal vaccine protects against more than 90% of all pneumonia cases. Medicare Part B covers the influenza and pneumococcal shots if the provider accepts the Medicare-approved payment amount. Additionally, most insurance plans in Utah cover these shots for older adults. However, cost is a barrier, for many adults with low incomes and no health insurance.[37]

- In 2002-2003, 60.3% of men and 64.5% of women aged 55 and older received an influenza shot in Utah. (See Figure 13)
- Whites had higher influenza vaccination rates than other races or ethnic groups.
- The influenza vaccination rate for adults 65 and older in Utah was 74.8% in 2003.
- The national influenza vaccination rate for this same group in 2002-2003 was 61.5%.

The influenza immunization rate in Utah has remained slightly above the national rate for the last five years.

Figure 13

Percentage of Adults Aged 55 and Older Who Received an Influenza Shot by Age Group and Sex, Utah 2002-2003



Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

Disparities are evident between racial groups, and among different education levels.[22] The CDC recommends that all people 50 and over receive an annual influenza shot.[38]

Pneumococcal immunization rates in Utah are below the national level and are substantially lower than influenza immunization rates. Additionally, similar disparities are evident with the pneumococcal immunization rates between races and income levels.

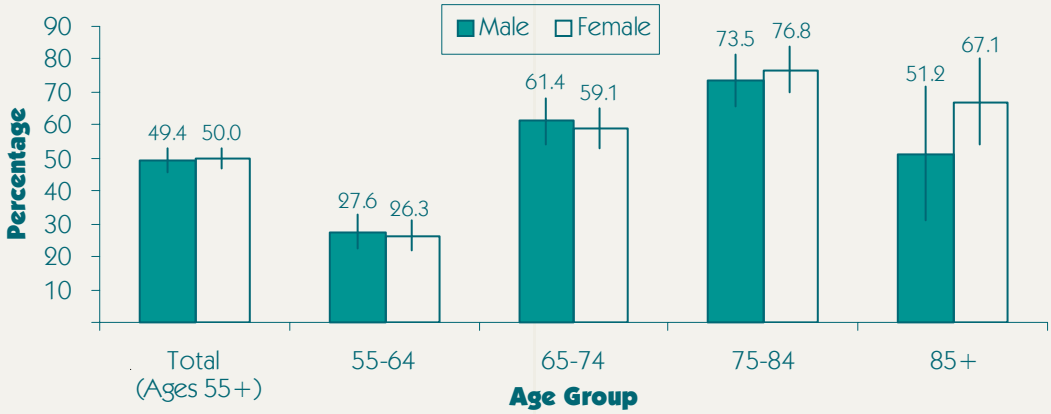
- The influenza vaccination rate for adults 65 and older in Utah was 66% in 2002-2003.[22]
- The national influenza vaccination rate for this same age group in 2002-2003 was 63%.[22]
- In Utah, 49.4% of men age 55+ and 50.0% of women 55+ received a pneumococcal shot in 2002-2003. See Figure 14.
- Racial and ethnic groups had lower pneumococcal vaccination rates in Utah than Whites for 2003.
- Pneumococcal immunization rates were higher among those with incomes $20,000 or under and lowest for those whose household income was greater than $50,000 in 2003.

For adult immunization information contact the Utah Immunization Program: (801) 538-9168, or the Utah Adult Immunization Coalition at (801) 892-0155.

** See Chronic Diseases and Conditions – Diabetes for more information specific to diabetes and immunization recommendations.*

Figure 14

Percentage of Adults Aged 55 and Older Who Had Ever Received a Pneumococcal Shot by Age Group and Sex, Utah 2002-2003



Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

Arthritis

Arthritis is the most commonly reported chronic condition among older adults in the U.S. and the leading cause of disability. About 49 million American adults reported having doctor-diagnosed arthritis in 2001, and the disease limits the daily activities of about 8 million people. As the population ages, the number of people aged 65 or older who have doctor-diagnosed arthritis or possible arthritis will escalate dramatically from 21.4 million in 2001 to 41.4 million in 2030.[39]

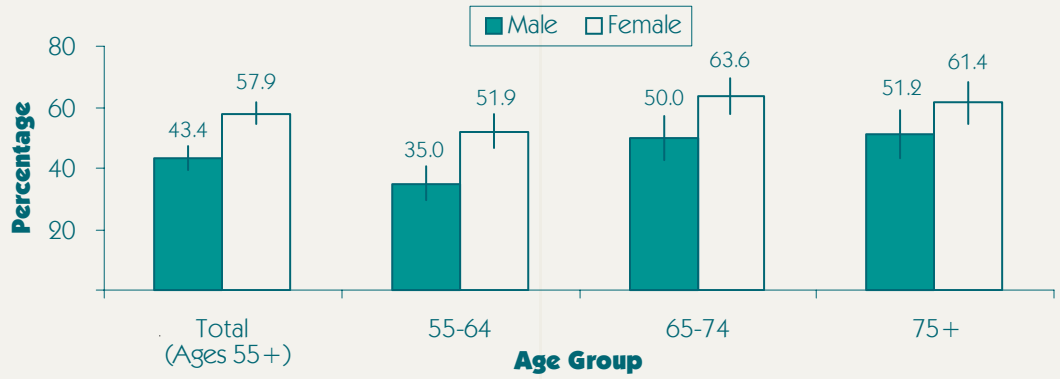
Arthritis encompasses a variety of diseases and conditions that affect the joints and surrounding tissues, including osteoarthritis, rheumatoid arthritis, fibromyalgia, lupus, gout, and bursitis. All of these diseases and conditions may limit an individual's ability to engage in the daily activities of life.

Morbidity and Mortality

Although arthritis affects people of all ages, it is more common among older adults. More than half of Utah residents (51.3%) over the age of 55 have been diagnosed with arthritis. In Utah, the prevalence of doctor-diagnosed arthritis increases with age, up through age 74. Prevalence rises from 44.0 percent among persons 55 to 64 to 57.0 percent for those 75 and older. Women were more likely to report arthritis than men across all age groups.[22] See Figure 15.

Figure 15

Percentage of Adults Aged 55 and Older Who Reported Doctor-diagnosed Arthritis by Age Group and Sex, Utah 2002-2003

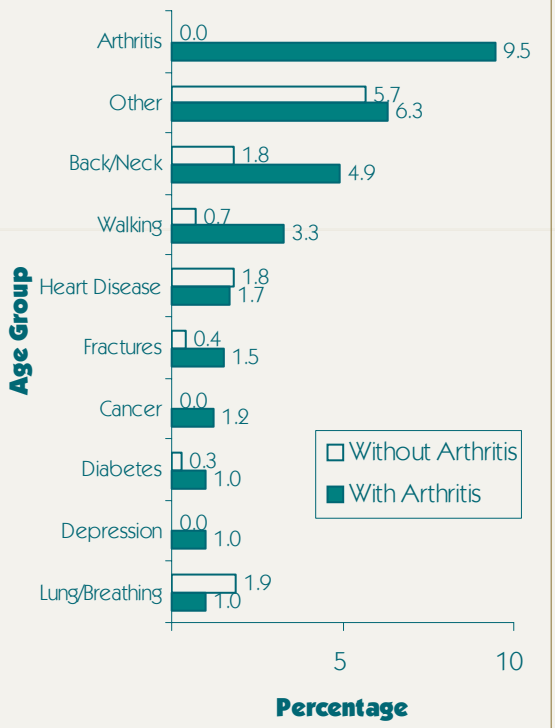


Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

Arthritis has profound consequences on limiting the activities of adults over the age of 55. Among Utah adults over age 55 who limited their activities because of health problems, arthritis was the most frequently reported reason (9.5%), followed by back and neck problems (4.9%).[40] See Figure 16.

Arthritis generates significant health care costs. In 2003, there were 17,162 hospital discharges due to arthritis or other rheumatic conditions among persons 55 and older (includes primary and secondary diagnoses). The total charges for inpatient hospital stays due to arthritis among persons 55 and older reached nearly $290 million in Utah for 2003.[3]

Figure 16
Leading Health Problems That Limit Activity Among Adults Aged 55 and Older, Utah 2002-2003



Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

What Can Be Done: Targeting Arthritis

Although there is no cure for most types of arthritis, there are measures to alleviate symptoms, reduce pain and disability, and improve the daily lives of people coping with arthritis. Weight control and injury prevention can decrease the risk for osteoarthritis. Chronic pain and disability can be reduced through early diagnosis and self-management regimens, including weight control and exercise.

An education program, such as the Arthritis Self-Help Course, which is offered through the Arthritis Foundation, teaches people to manage their arthritis and lessen its effects. This program has been shown to reduce arthritis pain by 20 percent and physician visits by 40 percent.[39]

Suggestions for Action

Management of arthritis in adults 55 and older should focus on:

- Reducing overweight and obesity in adults.
- Promoting exercise and physical activity as part of daily living.
- Promoting evidence-based means for managing arthritis such as the Arthritis Self-Help Course.
- Reducing the percentage of adults with arthritis symptoms who have not received an arthritis diagnosis.
- Promoting early diagnosis and appropriate management of people with arthritis.
- Increasing public awareness of arthritis as a leading cause of disability.

Contacts

Arthritis Foundation, Utah/Idaho Chapter 448 East 400 South, Suite 103 Salt Lake City, Utah 84111 (801) 536-0990 1 (800) 444-4993 Contact: Lisa Fall www.arthritis.org	Utah Arthritis Program Utah Department of Health PO Box 142107 Salt Lake City, Utah 84114-2107 (801) 538-9192 www.utaharthritis.org Contact: Richard Bullough
University of Utah Department of Immunology and Rheumatology School of Medicine 50 North Medical Drive Salt Lake City, Utah 84132 (801) 581-5319	Division of Aging and Adult Services Department of Human Services 120 North 200 West PO Box 45500 Salt Lake City, Utah 84145-0500 (801) 538-3910

Asthma

Asthma is a chronic condition that involves increased difficulty in breathing due to airway inflammation and constriction caused by sensitivity to environmental triggers. Asthma triggers include cold or dry air, dust, pollen, cigarette smoke, or physical activity. More than 17 million American adults have been diagnosed with asthma. The total cost of asthma in Utah was estimated to be $80 million in 1998, with $46 million in direct medical expenditures and $34 million attributed to indirect costs.[41]

Asthma in older adults introduces special concerns. The disease is harder to diagnose among the elderly. Older adults are more likely than younger people to have coexisting health conditions, and as a consequence, are more likely to take several medicines at one time, with sometimes adverse effects.

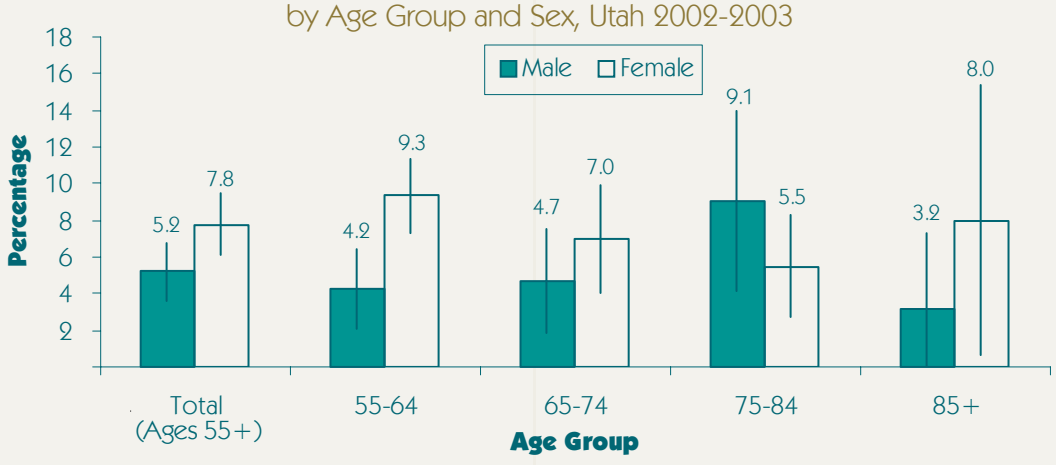
Side effects from asthma medication may also be more pronounced in the elderly. For example, corticosteriods, which help control asthma, have been shown to accelerate osteoporosis and worsen glaucoma among older adults. Finally, older patients may have a more difficult time managing their own daily care because of poor memory or poor vision.[42]

Morbidity and Mortality

- An estimated 6.5 percent of Utah adults 55 and older had asthma in 2002-2003.[22]
- Among adults 55 to 64, Utah women had a higher prevalence of asthma than men (9.3% vs. 4.2% respectively).[22] (
- Between 1999 and 2003, a total of 169 Utahns lost their lives to asthma, with 126 of these deaths occurring in persons aged 65 and older.[10]

Figure 17

Percentage of Adults Aged 55 and Older Who Had Been Told They Have Asthma by Age Group and Sex, Utah 2002-2003



Source: Utah BRFSS survey, Office of Public Health Assessment, Utah Department of Health

Medical costs associated with asthma hospitalizations for Utah residents in 2003 totaled almost $10.5 million dollars. For Utah residents aged 55 and older, the average cost of asthma hospitalizations was $9,225 in 2003. Women aged 65 years and older were more likely to have been hospitalized because of asthma than people in any other age group.[3]

What Can Be Done: Targeting Asthma

Treatment of asthma involves recognizing asthma triggers, modifying the home environment, understanding medicines, and learning asthma's early warning signs. These guidelines are the same for people of all ages – but with older people, careful consideration must be given to the physiological, neurological, and sociological aspects of aging, which may make managing this disease more complex.

Suggestions for Action

Prevention of asthma episodes and management of asthma should focus on:

- Ensuring that people with asthma receive appropriate education.
- Helping health care providers practice up-to-date asthma care and to educate patients.
- Promoting early diagnosis and appropriate management of people with asthma.
- Increasing the number of asthma patients who properly adhere to asthma medication regimens.
- Extending asthma prevention and management activities and programs to community settings.
- Increasing public awareness of asthma as an important health issue.

Contacts

American Lung Association, 1930 South 1100 East Salt Lake City, UT 84106 (801) 484-4456	Utah Asthma Program Utah Department of Health P.O. Box 142106 Salt Lake City, UT, 84114-2106 (801) 538-6259 http://health.utah.org/asthma
Intermountain Allergy and Asthma Clinic 3540 S. 4000 W. Suite 375 West Valley City, UT 84120 (801) 266-4115	Rocky Mountain Center for Occupational and Environmental Health 50 North Medical Drive Salt Lake City, UT 84132 (801) 581-7234

Cancer

Cancer is the second leading cause of death in Utah and the leading cause of death for those aged 55 to 74. The highest cancer death rates are caused by lung cancer, followed by colorectal, breast, and prostate cancers. More Utah men die of prostate cancer than any other cancer type, while breast cancer is the most common cause of death from cancer among Utah women.[43]

Cancer incidence and mortality rates rise with age. About 77 percent of cancers are diagnosed in individuals' age 55 or older.[44] Assuming current rates continue, the number of cancer patients is expected to double between 2000 and 2030 due to population growth and aging. The number of cancer deaths is also expected to increase as the older population grows over the coming decades.

Morbidity and Mortality

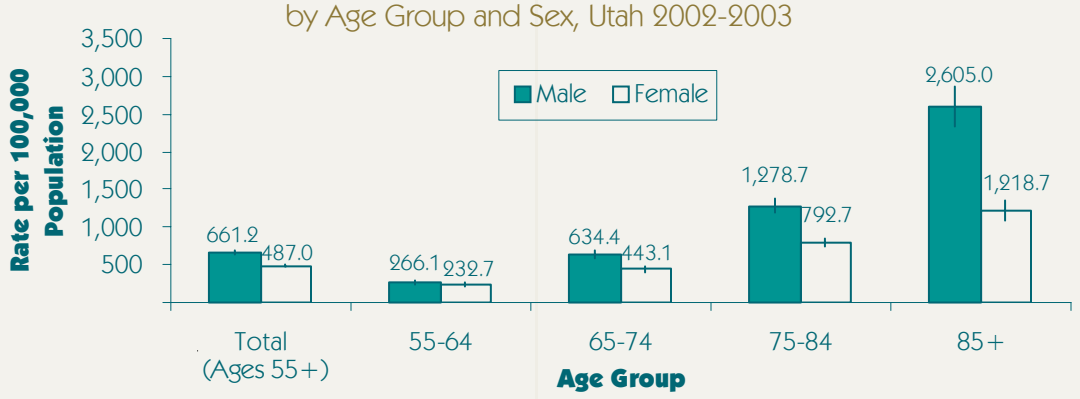
- An estimated 2,045 Utahns aged 55 and older died of cancer in 2003.[10]
- In 2003, nearly 85% of all cancer deaths in Utah occured after the age of 55.[10]
- Utah men have higher cancer death rates than women in every age group.[11] (See Figure 18).
- The Utah death rate from all cancers is the lowest in the nation and has remained stable over the past twenty years.[45]

Nationally, there were 1,156,000 cancer-related hospital discharges in 2000, with an average stay of 6.7 days.[46] Among Utah residents during 2003, there were 5,708 cancer-related hospital discharges, with an average stay of 5.8 days.[3]

The financial costs of cancer are substantial, with an estimated U.S. annual cost of $171.6 billion.[47] Treatment for lung, prostate and breast cancers accounts for more than half of the direct medical costs of this disease.[3] In Utah the estimated annual cost for cancer-related hospital charges exceeded $114 million in 2003.

Figure 18

Cancer Mortality Rates for Adults Aged 55 and Older by Age Group and Sex, Utah 2002-2003



Note: Cancer mortaty rates are identified by ICD-10 codes C00-C97

Source: Utah Death Certificate Database 2002 and 2003, Office of Vital Records and Statistics, Utah Department of Health

What Can Be Done – Targeting Cancer

While age and genetic factors influence cancer risk and cannot be changed, individuals can modify certain behaviors to reduce their cancer risk. In the U.S., cigarette smoking alone is responsible for 30 percent of all cancer deaths. Not smoking, quitting smoking, eating a healthy diet including five daily servings of fruits and vegetables, adopting a physically active lifestyle, maintaining a healthy body weight, and limiting use of alcoholic beverages can reduce cancer risk. Early detection of cancer may be life saving, particularly with breast, colorectal, cervical, and prostate cancers.[12]

Suggestions for Action

Prevention and early detection efforts to reduce cancer among older Utahns should focus on:

- Educating people about not smoking or quitting smoking
- Educating people about eating healthy foods including five servings of fruits and vegetables daily
- Promoting exercise and physically activity as part of daily living
- Reducing overweight and obesity in adults
- Promoting limited use of alcoholic beverages
- Encouraging people to talk with their health care provider about cancer-screening exams.

Contacts

For a comprehensive list of Utah Cancer organizations, visit, www.ucan.cc	
Utah Cancer Control Program PO Box 142107 Salt Lake City UT 84114-2107 (801) 538-6141 (800) 717-1811 www.utahcancer.org www.ucan.cc	American Cancer Society 941 E 3300 S Salt Lake City, UT 84106 (801) 483-1500 www.cancer.org
Huntsman Cancer Institute 2000 Circle of Hope Salt Lake City UT 84112 (801) 581-6365 www.hci.utah.edu	Utah Cancer Registry University of Utah 546 Chipeta Way STE 410 Salt Lake City UT 84108 (801) 581-4560 www.med.utah.edu/ucr/

Cardiovascular Disease

Cardiovascular disease (CVD) claims the lives of more men and women in Utah than any other disease or condition. CVD includes those diseases and conditions that affect the heart and blood vessels such as high blood pressure, stroke, and heart disease. More than one-third of all deaths amongng Utah adults 55 and older during 2001-2003 were due to cardiovascular disease.[11]

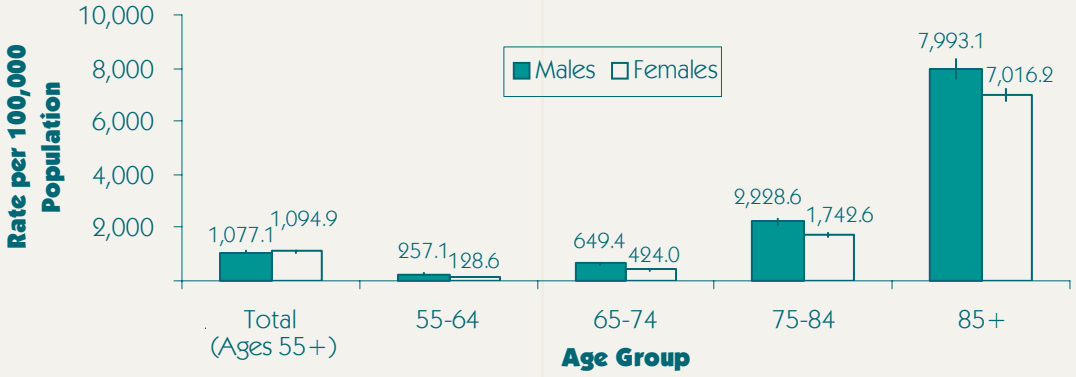
Morbidity and Mortality

- Death rates due to CVD increase with age for both men and women. Ninety-three percent of all deaths from CVD occur after the age of 55.[11]
- Utah men have higher CVD death rates than women in every age group.[11] (See Figure 19).
- Twenty-nine percent of CVD deaths among Utah men occur between the ages 55 and 74, compared to only 16 percent among Utah women the same age.[11]
- Although CVD affects men at a younger age, ultimately more women in Utah die from CVD.
- CVD death rates increase dramatically for both men and women after age 75.[11]

Deaths due to CVD by condition, number, and crude death rate for Utah adults in 2003 are shown in Table 5. Utah men 55 and older have a higher mortality rate than women for coronary heart disease, while older Utah women have higher mortality rates for all cardiovascular disease, congestive heart failure, and for stroke.[11]

Figure 19

CVD Mortality Rates for Adults Aged 55 and Older by Age Group and Sex, Utah 2001-2003



Note: Cardiovascular Disease (CVD) is identified by ICD-10 codes I00-I78, G45.
Data source: Utah Death Certificate Database, Office of Vital Records and Statistics, UDOH.

Table 5
Number of Deaths and Crude Death Rates Due to Cardiovascular Disease Among Adults Aged 55 and Older by Condition and Sex, Utah 2003

Condition	Number of Male Deaths	Death Rate/100,000 Males	Number of Female Deaths	Death Rate/100,000 Females
Cardiovascular Disease (CVD)	1,764	1,049.2	2,118	1,086.0
Coronary Heart Disease (CHD)	861	512.1	715	366.6
Congestive Heart Failure (CHF)	212	126.1	345	176.9
Stroke	308	183.2	519	266.1

Source: Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health.
Note: ICD-10 codes: CVD - I00-I78, G45; CHD - I11, I20-I25; CHF - I50.0, I50.1, I50.9 Stroke - I60-I69;

What Can Be Done – Targeting Cardiovascular Disease

Heart disease is the most prevalent and preventable of health problems in Utah and the U.S. Individuals who smoke, have high blood pressure, elevated blood cholesterol, diabetes, and/or poor nutrition, are at greater risk of developing CVD. Unhealthy weight and physical inactivity are also factors. Age and a family history of heart disease play a role. While heredity and age clearly are not modifiable, many of the risk factors that lead to cardiovascular disease can be addressed through appropriate use of medication and lifestyle changes such as physical activity, weight control, and smoking cessation.

Suggestions for Action

Efforts to reduce cardiovascular disease among older Utans should focus on:

- Educating people about not smoking or quitting smoking
- Educating people about eating healthy foods including five servings of fruits and vegetables daily
- Promoting exercise and physically activity as part of daily living
- Reducing overweight and obesity
- Promoting limited use of alcoholic beverages
- Encouraging people to talk with their health care provider about screening exams.

Contacts

Heart Disease and Stroke Prevention Utah Department of Health Bureau of Health Promotion PO Box 142107 Salt Lake City, Utah 84114-2107 (801) 538-6141 www.hearthighway.com	American Heart Association www.americanheart.org
CDC's Cardiovascular Health Program www.cdc.gov/nccdphp/cvd	Healthy People 2010 www.healthypeople.gov
National Heart Lung and Blood Institute – Heart and Vascular Diseases http://www.nhlbi.nih.gov/health/public/heart/index.htm	National Heart Attack Alert Program www.nhlbi.nih.gov/about/nhaap/index.htmedu/ucr/

Diabetes

Diabetes is one of the most costly and disabling of all chronic diseases. Nationally, medical costs and lost productivity from diabetes amount to over $132 billion annually, accounting for one of every ten health care dollars spent.[47] An estimated 17.7 million people in the U.S. had diabetes in 2000. This number is expected to rise to 30.3 million by the year 2030.[48]

There are two primary types of diabetes. Type 1 diabetes is an autoimmune disease that most often appears in childhood or adolescence. Type 2 diabetes, which is linked to age, obesity, and sedentary lifestyle, accounts for 90% to 95% of diabetes cases. Adults age 55 and older not only have the highest rates of type 2 diabetes[49]

As people age, they become more susceptible to developing diabetes, and more vulnerable to its complications, including eye, heart, and kidney diseases and other life-threatening illnesses.[50] Managing diabetes may also become more challenging with age because of the presence of other health conditions, which can complicate self-management and treatment.

Morbidity and Mortality

Diabetes is a major cause of morbidity and mortality. Diabetes is the leading cause of blindness in working age adults. In Utah, about 18.5% of adults aged 55 and older with diabetes have experienced some type of diabetes-related vision loss.[51]

Over ten percent (10.6%) of adults age 55 and older with diabetes have had foot ulcers or sores that took longer than four weeks to heal.[51] There were 293 inpatient hospital discharges for lower extremity amputations among Utah residents with diabetes in 2003.[3]

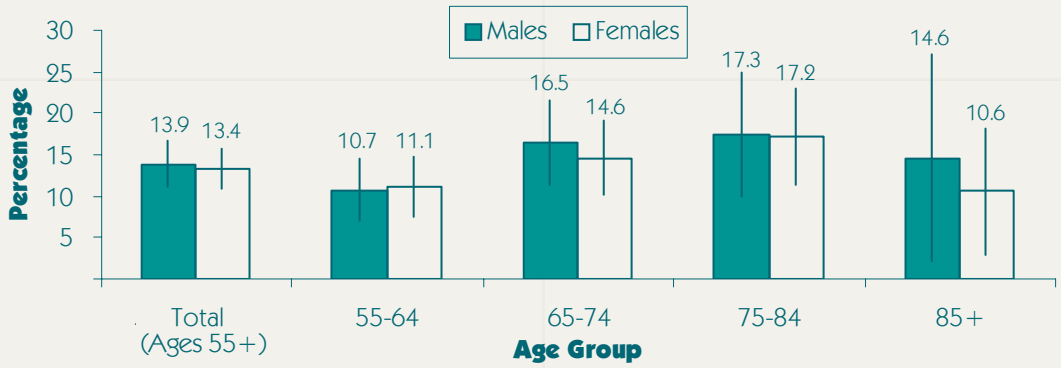
People with diabetes are approximately three times more likely to die from complications of flu or pneumonia than are people without diabetes.[52,53]

Type 2 diabetes increases the risk for cardiovascular disease, coronary heart disease, peripheral vascular disease, myocardial infarction, and stroke. Heart disease and stroke account for 65 percent of deaths among people with diabetes.[47] Diabetes is now the fifth leading cause of death in both the U.S. and Utah. Over 1,000 Utahns with diabetes die each year.[11]

- In Utah, more than one in eight adults (13.6%) aged 55 or older has been diagnosed with diabetes.[22] (See Figure 20).
- For both men and women aged 55-84 the percentage with diabetes rises across age groups, with only minimal variations by gender in each group. [22] (See Figure 20).
- There is almost no gender variation in the age group 75 to 84; 17.3 percent of men and 17.2 percent of women have been diagnosed.[22] (See Figure 20).

Figure 20

Percentage of Adults Aged 55 and Older Who Reported Being Told They Have Diabetes by Age Group and Sex, Utah 2002-2003



Source: Utah BRFSS survey 2002 and 2003, Office of Public Health Assessment, Utah Department of Health

What Can Be Done: Targeting Diabetes

The consequences of diabetes may be alleviated through routine preventive care. Treatment to improve blood pressure and control blood glucose levels could reduce diabetes-related kidney failure by about 50%. About one third of cardiovascular deaths from diabetes could be prevented with improved care to control blood pressure, blood glucose, and cholesterol levels. Most diabetes-related blindness is preventable through regular eye exams and early detection of diabetes retinopathy.[55]

Diabetes education is an essential part of diabetes management and is one of the most effective resources for preventing diabetes complications. However, it is not available for many people due to cost, restricted insurance reimbursement, time constraints, and travel distance to classes.

It is especially important for people aged 55 and older to be routinely screened for diabetes. An estimated one third of all people with diabetes are unaware they have the disease, which puts them at serious risk for complications. Lifestyle changes, such as moderate physical activity, weight control, and dietary changes may delay and even prevent the onset of type 2 diabetes.[48]

Suggestions for Action

- Promote diabetes education
- Focus on preventing type 2 diabetes
- Increase awareness about diabetes risk factors
- Increase awareness of the recommendations for influenza and pneumoccal vaccinations.[54]

Contacts

American Diabetes Association, Utah Chapter 1245 Brickyard Road #30 Salt Lake City, UT 84106-2563 (801) 363-3024 General Diabetes Information:(800) 342-2383	Utah Diabetes Prevention and Control Program PO Box 142107 Salt Lake City, UT 84114-2107 (801) 538-6141 http://health.utah.gov/diabetes

Unintentional Injury

Unintentional injuries pose a threat to the health and well being of Utah's elderly residents. Falls and motor vehicle crashes are the most common causes of fatal injury among adults aged 55 and older in Utah.[56]

The financial cost of injuries in the U.S. among all age groups is estimated at $224 billion each year. Falls among older Americans cost the nation more than $27 billion in direct medical costs every year. The total annual cost of these injuries among older Americans is expected to reach $44 billion by the year 2020.[57]

Morbidity and Mortality

The risk of injuries from falls increases with age. One out of every three older Americans fall each year.[58] The elderly are susceptible to falls due to the weakening of bones and the loss of mobility that come with aging. Falls are the top cause of injury-related death for men 80 and older and for women 75 and older in Utah.[56]

Osteoporosis increases womens risk for falls: more than half of women over age 65 suffer from this condition.[59] Women sustain 75 to 80 percent of all hip fractures and the rate increases sharply from age 65 to age 85.[56] Hip fractures exact a staggering cost, both economically and in terms of life quality. One-fourth of those who sustain a hip fracture die within one year and fifty percent never return to their prior level of mobility or independence.[60]

- Falls accounted for 28 percent of unintentional injury-related deaths and claimed 369 lives (21.6 per 100,000 persons) from 1999-2003 in Utah for persons aged 55 and older.[10]
- Although women have more fall-related injuries, the death rate from fall-related injury was greater among men.

Motor vehicle crashes are also a leading cause of injury and death among older adults in Utah. Older people are more likely to die in a crash because of their frailty and the presence of other medical conditions. Dementia, a slowing of reflexes, and deteriorating vision can impair an individual's ability to drive.

- Motor vehicle crashes accounted for 28 percent of unintentional injury-related deaths in the 55 and older age group in Utah, claiming 375 lives (21.9 per 100,000 persons aged 55 and older) from 1999-2003.[10]

From 1999–2002, an average of 21,500 older Utah adults, annually, were seen in emergency departments (EDs) for unintentional injuries. Fifty-three percent of these were related to falls and 11percent were seen for motor vehicle crash injuries. Women accounted for the majority (60%) of unintentional injury ED visits.[61]

- Unintentional injury was the eighth leading cause of death for older Utahns, and a major cause of disability.[10]
- For the 55 to 64 age group, unintentional injury was the fifth leading cause of death, following cancer, heart disease, lung ailments, and diabetes.[10]

The majority of hospital admissions for unintentional injury among the elderly are also related to falls. From 1999–2003, there was an average of 4,000 hospital admissions each year as a result of unintentional injuries, with 76 percent due to falls and 9 percent due to motor vehicle crashes.[3]

Of all elderly Utahns hospitalized for unintentional injuries from 1999-2003, 66 percent were women and 34 percent were men. In contrast, more elderly men (54%) than women (46%) died as a result of unintentional injuries during this period.[3]

What Can Be Done: Targeting Injury

Because more than half of all falls occur in the home, targeting home safety is key to preventing injury among older Utah adults.

- Tripping on stairs, loose rugs, or exposed electrical cord causes many falls.
- Outside the home, injuries are sustained in falls from ladders and when stepping into holes or depressions.
- Advanced age, multiple medications, and multiple diseases/conditions are also factors that increase the risk for falls.

Suggestions for Action

Prevention of injuries among adults over age 55 should focus on:

- Providing alternative transportation for seniors.
- Promoting physical activity to prevent bone loss and maintain mental health.
- Increasing public awareness of hazards in the home.
- Educating health care provider and family member awareness about the need to monitor patients taking multiple medications.
- Providing elderly driver training courses and increasing public awareness of poor driving among elderly drivers.

Contacts

AARP Utah Office 6975 S. Union Park Center Midvale, UT 84047 (801) 561-1307 e-mail utaarp@aarp.org	National Osteoporosis Foundation 1232 22nd Street N.W. Washington, D.C. 20037-1292 (202) 223-2226 www.nof.org
Centers for Disease Control National Center for Injury Prevention and Control Mailstop K65 4770 Buford Highway NE Atlanta, GA 30341-3724 Phone: (770) 488-1506 www.cdc.gov	Utah Department of Health Violence and Injury Prevention Program P.O. Box 142106 SLC, UT 84114-2106 Phone : (801) 538-6864 www.health.utah.gov/vipp
National Resource Center on Aging and Injury nrcai@mail.sdsu.edu	

Health-Related Quality of Life

As Americans live longer with chronic conditions public health has turned its focus from mortality, which is a measure of how we die, to quality of life, which measures how well we live. An important public health goal is to minimize the impact of chronic diseases on the health of older adults and to improve their health-related quality of life.

Since 1993, the BRFSS survey has included Health-Related Quality of Life (HRQOL) questions regarding overall self-rated health, physical health, mental health, and activity limitations. Measures of HRQOL are important because they assess dysfunction and disability not reflected by standard measures of mortality and morbidity. This section describes these issues, and the results for these measures.

General Health. Older Utahns were asked: "Would you say that in general, your health is excellent, very good, good, fair, or poor?" In 2002 and 2003, one in five Utah residents 55 and older reported their general health was fair or poor, compared to one in four Americans 55 and older.[22]

Physical Health. Older adults were asked about their physical health: "Thinking about physical health, which includes illness and injury, for how many days during the past 30 days was your physical health not good?" Again, one in five Utah residents 55 and older reported their physical health was not good for seven or more days during the preceding 30 days.[22]

Mental Health. The BRFSS survey also examines mental health: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" One in ten Utah adults 55 and older indicated they experienced poor mental health for more than seven days during the past 30 days.[22]

Activity Limitations. The last question relates to activity limitations. Among those 55 and older who reported fair or poor health, more than one in four Utah residents (26.4%) reported they had limited their usual activities for seven or more days during the past 30 days.[22]

General Health

Self-reported, general health status of older adults in Utah and the U.S. is shown in Figure 21. Overall, 20.8 percent of Utah adults over age 55 reported fair or poor health during the years 2002 and 2003.[22]

General health varies by age for Utah men. For example, 14.2 percent of Utah men 55 to 64 reported fair or poor health. After age 75, the percentage rises to 32.8 percent. General health status for Utah women declines less steadily: 16.2 percent of women 55 to 64 report fair or poor health, rising to 28.1 percent among women over 75. For all age groups except over age 75, Utah women were more likely to report fair or poor health than Utah men.[22] Utahns were somewhat less likely to report fair or poor health when compared to all Americans regardless of gender.

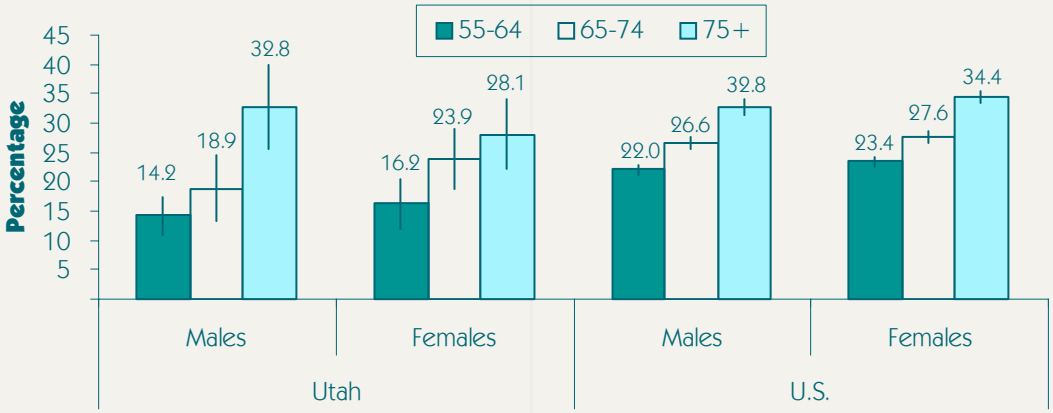
Many chronic diseases may be prevented or delayed by participating in moderate physical activity, selecting nutritious foods, maintaining an appropriate weight, and avoiding tobacco. However, once a chronic disease has developed, secondary prevention becomes essential for avoiding or delaying complications.

For example, early detection of breast cancer and colorectal cancer reduces the possibility of major surgeries and other treatments and saves thousands of lives each year. Diligent management of asthma and diabetes reduces the risk of complications and premature death.

Healthy lifestyle choices not only improve health-related quality of life for many individuals, but may also alleveiate some burdens that would otherwise be placed on the health care system.

Figure 21

Prevalence of Self-Reported Fair or Poor Health Among Adults Aged 55 and Older by Age Group and Sex, Utah and U.S. 2002-2003



Source: Utah BRFSS survey 2002 and 2003, Office of Public Health Assessment, Utah Department of Health

Physical Health

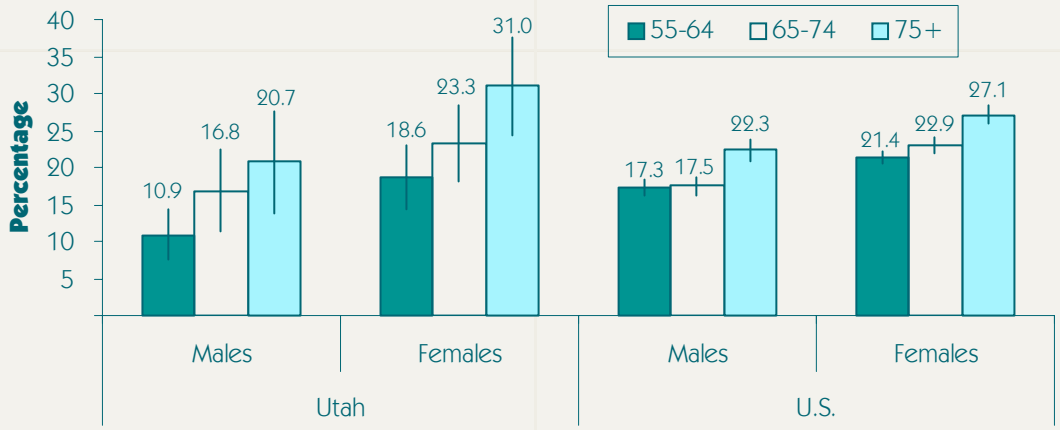
The BRFSS survey also reports on physical health, which includes illness and injury. In 2002 and 2003, almost one in five Utah residents 55 and older (19.3%) reported their physical health was poor for more than seven days during the preceding 30 days. Among older adults 55 to 64, 15.0 percent reported seven or more days of poor physical health during the past 30 days. This percentage increased to 26.4 percent among adults over age 75.[22]

Percentages of older adults reporting seven or more days when physical health was not good are illustrated in Figure 22. Utah men reported fewer days of poor physical health than U.S. men across all age groups, while Utah women reported more days of poor health than U.S. women in the age groups 75 and older.[22]

Physical health was poorer among Utah women in all age groups. Among older adults 55 to 64, Utah women were almost twice as likely to report poor physical health when compared to Utah men, and were more likely to report poor physical health when compared to women 75 and older in the U.S.[22]

Figure 22

Percentage of Adults Aged 55 and Older Who Reported Seven or More Poor Physical Health Days by Age Group and Sex, Utah and U.S. 2002-2003



Source: Utah BRFSS survey 2002 and 2003, Office of Public Health Assessment, Utah Department of Health

Depression

Depression is a disorder that affects thoughts, feelings, behavior, and physical health. Along with the emotional distress and suffering it brings, depression may also contribute to other illnesses and chronic conditions, such as heart disease, stroke, and diabetes. Mental illness, including depression, is the second leading cause of disability in the U.S. Nationally, the direct and indirect costs of depression have been estimated at $43 billion each year.[62]

The most serious consequence of depression in older adults—especially untreated or inadequately treated depression—is increased mortality from either suicide or somatic illness. A somatic illness is a chronic condition in which there are numerous physical complaints lasting for years and resulting in substantial impairment that are caused by psychological problems and for which no underlying physical problem can be identified.

Older people have the highest rates of suicide in the U.S.[63,64] The suicide rate for individuals aged 85 and older was the highest, at about 21.0 suicides per 100,000, a rate almost twice the national rate of 10.6 per 100,000.[65]

During 2003, the suicide rate for Utah adults aged 55 and older was 20.1 per 100,000. For persons aged 85 and older, the rate was 22.7 deaths per 100,000.[66] Men were far more likely to take their own lives; the suicide rate for men over age 55 was seven times that of women (36.3/100,000 vs. 5.0/100,000). The suicide rate in Utah is the tenth highest in the nation.[43]

Identifying depression in older adults can be difficult because of patient denial and inexperienced screeners in primary care settings.[67] Despite the prevalence of depression and the risk for suicide, depression is neither well recognized nor treated in primary care settings, where older adults seek and receive health care.[68]

Mortality and Morbidity

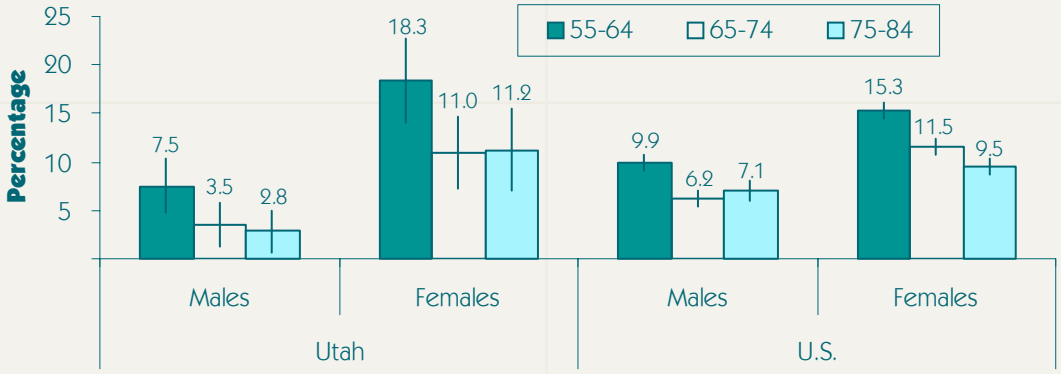
The prevalence of depression in Utah is unknown. However, U.S. prevalence rates have been estimated at about five percent in older adults.[69] Other studies have estimated that 8 to 20 percent of communities with older residents, and 37 percent of patients in primary care settings, experience depressive symptoms.[70,71]

The BRFSS healthy days module gives some indication of the mental health status of older adults. One question asks, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Overall, 10.0 percent of Utah adults aged 55 and older reported seven or more days when they experienced these emotions.[22] (See Figure 20).

Women were more likely to report poor mental health than men. Overall, 18.8 percent of women aged 55 and above reported seven or more poor mental health days compared with 7.5 percent of men. For both women and men, the highest rates were observed prior to age 75. (See Figure 23).

Figure 23

Percentage of Adults Aged 55 and Older Who Reported Seven or More Poor Mental Health Days by Age Group and Sex, Utah 2002-2003



Source: Utah BRFSS survey 2002 and 2003, Office of Public Health Assessment, Utah Department of Health

What Can Be Done: Targeting Depression

A broad array of treatments exist for depression. When these interventions are modified for age and health status, older individuals may benefit from these advances in therapy, medication, and other treatment options the same as younger people.[63]

One study of older persons who committed suicide revealed more than half had seen their physician within a short time before completing suicide, yet few received mental health treatment.[72] One reason why depression may be overlooked in the primary care setting is because depression may increase symptoms of other illnesses, which causes both patients and doctors to focus on the physical ailment and overlook the signs of depression.[73]

The health care system can be another barrier. Providers are increasingly restricting the time spent in patient care, forcing mental health concerns to compete with co-existing medical conditions.

Primary care physicians report feeling too pressured for time to investigate depression in older people.[74] Reimbursement policies may also be an issue.

At the patient level, there may be a reluctance to disclose psychological symptoms, a lack of awareness that help is available, and cultural barriers. Finally, the myth that depression and hopelessness are natural conditions of old age may prevent older people from finding the help they need.[63]

Suggestions for Action

Efforts to reduce the burden of depression should focus on:

- Promoting public acceptance of individuals with mental health issues and a social environment that encourages mental well-being for every individual.
- Providing information about mental health services to groups, individuals, organizations, consumer groups, and the community.
- Actively promoting greater cooperation and communication among mental health advocacy groups and providers.

Contacts

Division of Mental Health Department of Human Services 120 North 200 West, Fourth Floor Salt Lake City, UT 84103 Phone: (801)-538-4270 Fax: (801)-538-9892 Internet: www.hsmh.state.ut.us	Disability Law Center 455 East 400 South, Suite 410 Salt Lake City, UT 84111 Phone: (801) 363-1347 Fax: (801) 363-1437 Toll-free: (800)-662-9080 (Statewide) E-mail: info@disabilitylawcenter.org Internet: www.disabilitylawcenter.org
Allies With Families 535 East 4500 South, Suite D110 Murray, UT 84107 Phone: (801) 269-8553 Fax: (801) 269-8302 E-mail: awfamilies@uswest.net	National Mental Health Association Information Center 1021 Prince Street Alexandria, VA 22314-2971 Phone: (703) 684-7722 Fax: (703) 684-5968 Toll-free: (800) 969-6642 TTY: (800) 433-5959 E-mail: infoctr@nmha.org Internet: www.nmha.org
NAMI Utah 309 East 100 South Salt Lake City, UT 84111 Phone: (801) 323-9900 Fax: (801) 323-9799 E-mail: vicki@namiut.org Internet: www.namiut.org	Martha Anderson, Consumer Program Coordinator Division of Mental Health 120 North 200 West, Fourth Floor Salt Lake City, UT 84103 Phone: (801) 538-9887 Fax: (801) 538-9892 Internet: www.hsmh.state.ut.us

Mental Health and Chronic Disease

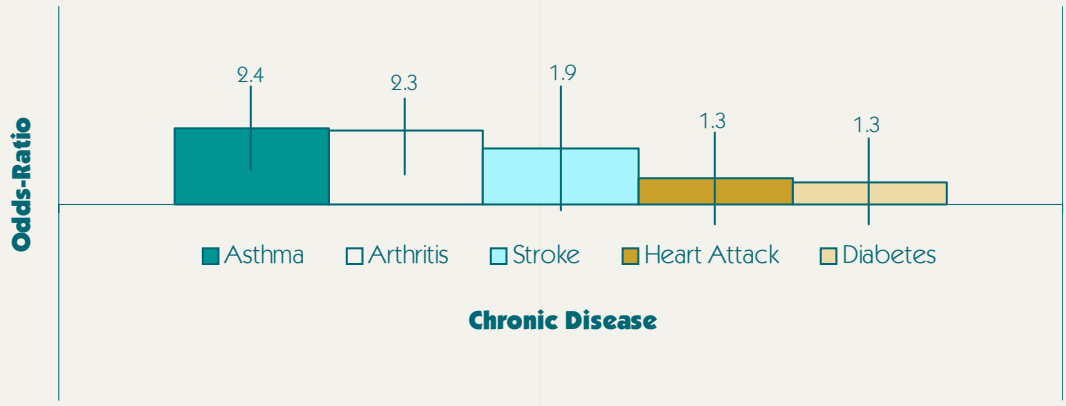
Mental health and chronic illnesses are often connected. Research shows that depression often occurs with other physical illnesses, chronic diseases, and health conditions, and is known to increase risk for subsequent illness, disability, and premature death.[77] Chronic illness can also foster depression. The presence of depression in later life is estimated to be highest among those with chronic diseases, such as heart disease, cancer, arthritis, diabetes, and Alzheimer'disease.[78,79,80,81]

Results from the BRFSS survey mirror these findings. (See Figure 24). In 2002 and 2003, older Utah adults with asthma and arthritis were more than twice as likely to report seven or more days of poor mental health, as were people with arthritis.

Older adults who had a stroke were nearly twice as likely to report seven or more days of poor mental health. With respect to cardiovascular disease, adults who had a heart attack or were told by a doctor they had angina or heart disease were 1.3 times more likely to report seven or more days of poor mental health during the last month.[22] Older adults with diabetes were 1.3 times more likely to report seven or more poor mental health days. Only non-institutionalized adults are represented in the survey, which means nursing home residents, many of which have such conditions, are not included in the survey.

Figure 24

Odds-ratios For Seven or More Poor Mental Health Days and Coexisting Chronic Diseases for Adults Aged 55 and Older, Utah and U.S. 2002-2003



Source: Utah BRFSS survey 2002 and 2003, Office of Public Health Assessment, Utah Department of Health

Activity Limitations

For older adults, the ability to remain active and perform the simple tasks of everyday life often controls their level of independence. Chronic health conditions, such as arthritis, asthma, diabetes, and heart disease may undermine their mental and physical health, limit their ability to care for themselves, and erode health-related quality of life.

Among Utah adults 55 and older who reported fair or poor health, 10.4 percent reported they limited their usual activities for seven or more days during the past 30 days. In 2002-2003, the largest percentage (13.8%) of persons reporting they limited their usual activities because of fair or poor health was among persons 75 to 84.[22]

BRFSS also tracks the proportion of older adults requiring help with their personal care and routine needs, each of which can be significant determinants of independent living among older adults. Overall, 3.1 percent of Utah adults aged 55 and older required help with their personal care needs and 9.5 percent required help with their routine needs. These proportions are greater in those without a spouse (4.7% required help with personal care needs and 16.0% required help with their routine needs) than in those with a spouse (2.5% and 7.1% respectively). Older women without a spouse often require more help with personal and routine care (4.4% and 17.7% respectively) than men (1.6% and 10.1% respectively).[22]

Independence

Independence is a desire of every human being . The majority of older people want to make choices about their own lives, to keep active, and remain living in a community. A frequently stated desire of people as they age is the ability to remain in their own home.[9,14]

Key factors that determine their ability to stay independent are community support and good health. In terms of community support, Utah is extraordinary. Fifty-three percent of Utahns age 55+ report frequent contact with neighbors. Over 90 percent of Utah residents 55 and older continue to live in their own homes, and nearly 50 percent of Utah residents 85 and older live alone.[14]

In addition to community support, good health is a key to staying independent. Physical and cognitive impairment contribute to the loss of independence for the elderly. Not being able to manage the activities of daily living (walking, bathing, dressing, preparing meals) is a common reason people enter nursing homes. In Utah, 7 to 12 percent of those 55 and older need assistance with meal preparation and transportation to appointments and shopping.[14]

Physical frailty associated with chronic disease keeps people from these activities and robs them of their independence. As medical advances allow people to live longer, their risk of chronic diseases increases, along with the potential for limited ability to care for themselves. Nationally, the number of seniors needing assistance with basic tasks is projected to double by 2030.[14]

As a nation, Americans pay a phenomenal price to move elders from their homes into long-term care. The annual cost to care for a person who enters a nursing home is more than seven times that of someone who remains in their home. Americans currently spend more than $26 billion annually for health care costs for people over 65 who lose the ability to live independently; and this cost reflects only one year and only newly placed residents.[80]

In Utah, the aging network has a very sound program providing in-home services as an alternative to long-term care. Such services are one reason why the moratorium on Medicaid long-term care beds has been as successful as it has in slowing the growth of nursing home beds in Utah.

"With well-planned investments in preventive efforts now (directed not only at those older than 65 years, but also at those aged 50 to 64 years), we can avoid much of the expense and morbidity associated with functional dependence…Most importantly, we must improve seniors' health-related quality of life by addressing preventable health risks. …Smoking cessation, physical activity, blood pressure control, and arthritis and diabetes self-care programs have been proven effective prevention efforts for seniors. Yet the services offered to older adults are sparse. For the sake of our parents, our children, and ourselves, we must do better."

James S. Marks, MD, MPH, Former Director, *National Center for Disease Control and Prevention*[6]

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ICD-9 Codes

Table 6.

ICD-9 Codes

Condition	ICD-9 Codes used
Cardiovascular disease (excludes stroke)	390-429 439-448
Arthritis	726, 727, 728.0-728.3, 728.6-728.9, 729.0, 729.4, 716.1,716.3-716.6, 716.9, 719.0, 719.4-719.9, 715, 714, 729.1, 354, 720, 721, 993, 696.0, 710, 274, 712, 711, 713.0, 716.0, 716.2, 716.8, 719.2, 719.3, 725, 956, 957, 985, 136.1, 277.2, 287.0, 344.6, 353.0, 355.5, 357.1, 390.0, 391.0, 437.4, 443.0, 446, 447.6
Flu/pneumonia	480-487
All cancers	140-208
Falls	E880-E888
Stroke	430-438
Surgical/medical complications	E870-E879; E930-E949
Chronic lower respiratory disease	490-494; 496
Gall bladder disorders	574-575
Septicemia	038